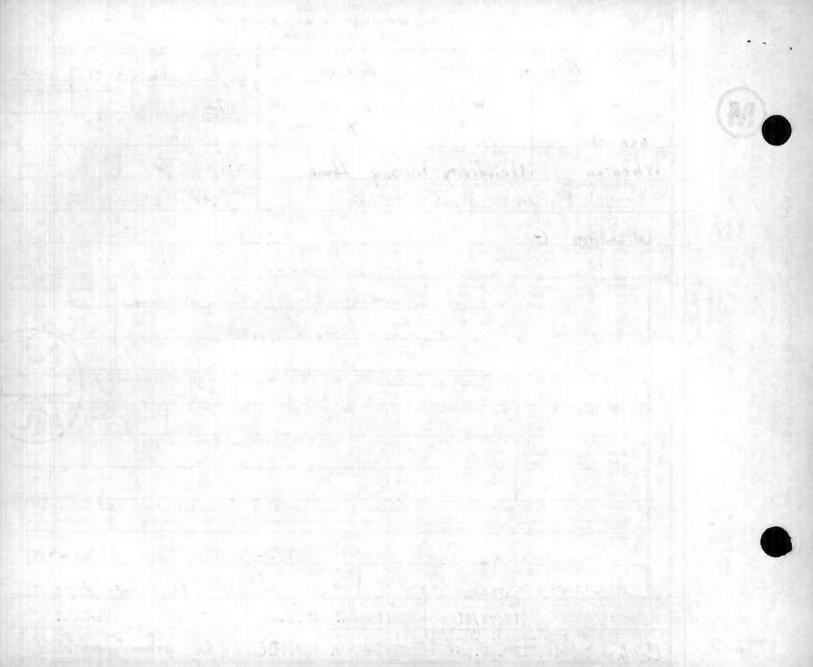
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THEST MADDLE ALTLAND 186. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (YES, ONE WAS ORD DATES) 186. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: UNE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stofting the under-lying cause lost. (b) UDE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (ONOTITIONS CONTENDUTING TO DEATH BUT NOT RELATED TO INE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a). 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED? 211. LOCATION STREET CITY OR TOWN COUNTY OF	13a	STATE HA	ME OR OTHER INSTITUTION, GIVE RE UNTY UKWS	IL CITY OR TOWN	/	STREET ADDRESS	1/11/19	
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236 BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE 24. FUNERAL DIRECTOR 250. DATE REGISTRAR 256. REGISTRAR'S SIGNATURE	6	KE WATION	12/24/81	METropolita			frants	x UA.

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1 FOR 1-STATE	DEPARTMENT OF HEALTH AND MENTAL H	
REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)	MEDICAL EXAMINER'S CERTIFICATE O	TO DATE KNOWN TO MONTH DAY YEAR TO HOUR
· Marke Roger	Lee Anderson, Jr.	DEATH MATED 12 111981 M
Male asian Jun		PRONOUNCED 12 11 19 81 P. M
FOREIGN COUNTRY	ited States 8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCE	9. BALTIMORE CITY OR COUNTY OF DEATH
> E 2 E 8 /	ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DUBURBAN HOSPITAL	12th USUAL OCCUPATION (TYPE OF WORK 12th KIND OF BUSINESS FOR MOST OF WORKING LIFE)
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER IN 136, STATE 136, COUNTY	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Truck Drive Cömpăhy'''9. 12700 Travilah Road
Maryland Montgome 14. FATHER'S NAME FIRST MIDDLE	15. MÖTHER'S MAIDEI	NAME MIDDLE LAST
Roger Roger Roger Lee No No No No No No No No No		Wilson
(IF YES, GIVE WAR OR D) (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR D)	224-82-4829 Jaye Ander	son (Same as 13e)
Conditions, if ony, which gave rise to immediate cause (a) stating the under-	SE (0) Blunt injury to Head DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	T I (a).
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A WARETING A WARETING WAS A WARETING	STREET, FACTORY, FARM, ETC.) road River Road &	Newport Ave. Bethesda Montgomery
22a. I certify that I took charge of the death resulted from: Natural cause		Undetermined monner .
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURSTON, REMOVAL (SPECER') (SPECER	Lower M.D. Assistant	MEDICAL EXAMINER SIGNED 12-12-81
EXAMINER'S NAME VIrgini	a L. Dolan, M.D. ADDRESS III	
RIKTAI NE 1		
Dr	December 3. NAME OF CEMETERY OF CREMATORY 1981 Monocacy Cemetery Pumphrey Funeral Homes, 250 DATE RI	23d LOCATION COUNTY STATE BEALLS VILLE MARY LAND EC'D. BY REGISTRAR IN REGISTRAR'S SIGNATURE

T =2 1.51 sac. H LEXT PREVIOUS Lange 12 Long Street SEPTEMBER PROPRIES Constitution of the consti

ATTENDING PHYSICIAN, The

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STATE OF MARYLAND

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STATE OF MARYLAND 1 - STATE

Homes, P.A., Bethesda, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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16.	REGISTRAR				CENTIL	ICAIL OI D	LA III	RE	G. NO.				
	CEASED NAME	FIRST	Α.	AIDDLE		AST		2a DATE OF DEA		TH DA	Y YEAR	2b HO	UR
		MARIO		DRENZO	ARE	CCO-,Sab	lich	December				7:00	0 P M
3. SEX	(4. RACE	la Durba	S. DATE (VE + D	6. AGE (IN YEARS L	AST BIRTHDAY		UNDER I YEAR		ER 24 HRS
	Male		White	3	Janu	ary 14,	1943	38		YRS	DATS	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8.	D NEVER M	APPIED V	9 BALTIMORE C	ITY OR CO	UNTY O	F DEATH		
	Peru		Peru		WIDOWE		ORCED [Montgom	ery C	ount	У		MD.
10 CI	TY OR TOWN OF DE Betheso		IF NOT IN SUCI	HOSPITAL, NURSING HEACILITY, GIVE STREET A	DDRESS)		TUTION	120 USUAL OCCU	MOST OF WOR	RKING LIFE)	126. KIND INDUSTRY Acc	4	vess or
130 S	AL RESIDENCE (IF NUR ITATE N/A	HOME OR	1TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Lima			NO	13e. STREET ADDR		204			
14 FA	THER'S NAME		MIDDLE	LAST	734	15. MOTHER'S	MAIDEN NA		DIE			AST	
	Juan		В.	Arecco			bel	Mile			S	ab1:	ich
	AS DECEASED EVER		MED FORCES?	16b SOCIAL SECUR	RITY NO.	17 INFORMAN	VT.	A	ADDRESS				
	No	(IF TES, GIV	E WAR OR DATES)	N/A		Alfred	o Arec	co (brotl	ner)	same	as	13e	
	18 CAUSE OF DEA			line for (a), (b), and	(c ,1						BETWEEN	XIMATE INT	ERVAL D DEATH
	PART I. DEATH V		E CAUSE (D)	Intercerel	oral	hemorrh	age				1 ho	ur	
	Conditions, if any gove rise to im	mediote	DUE TO, OF	ras a conseque Midbrain	NCE OF astro	cytoma					11 m	onth	S
z	underlying cousi	e last.	(c)	R AS A CONSEQUE		NOT RELATED I	TO THE TERM	INAL DISEASE OR	CONDITIC	N GIVEN	N IN PART 1	(0)	
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFOR	MED	200 AUTOPSY			WERE FIND		
LIFIC	Decembe	r 7.	1981					YES NO		CERTIFYII YES	NG CAUSE	S OF DEA	
	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	21b. TIME OI HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURE	RED (ENTER NATURE C	-6.7		T I OR PART 2)		
MEDICAL	21d INJURY OCCUR	HILE 🗍	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	RM ETC)	211 LOCATION	7	CITY	ORTOWN		COUNTY		STATE
	22a certify that S sow the decea above, (I) (we)		Dansula					, to Decemi death occurred an					
	22b. SIGNATUI	Rap	ozogl	ou		PI	-	MEDICAL DIRECTOR P	STAFF	×	12/	3	81
	S. PA	PAS	66LC	00		22e ADDRESS	Nati	onal Inst nter, Bet				1th 905	
23a. B	URIAL, CREMATION	, REMOVAL	23b. DATE D	23c. N		EMETERY OR CI		23d. LOCATION	7		country		MARK
En	tombment	-	18, 1	981 Baq	uija	no Cer	meter					Per	u
24 FL	INERAL DIRECTOR I	Rober	t A. P	umphrey	Fune	eral	25 DE	C=1°5"196"	RAR 2 H	EGISTR	(R) SIGN	1023	2

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

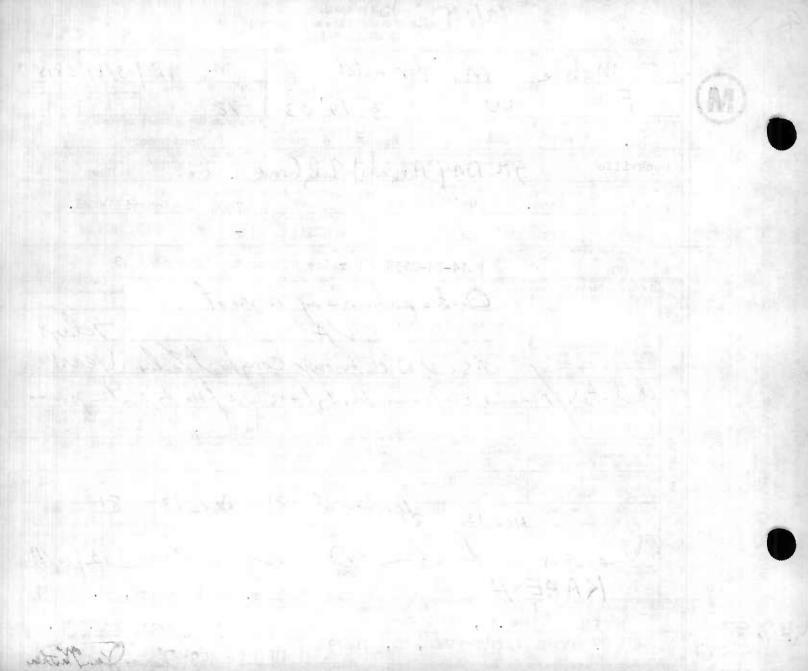
MPORTANT: If them 21 is morked ar Item 18 shows any injury, or other troumatic event, the should be detoched for use os the burial-transit permit. Then please remarke corbangope with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

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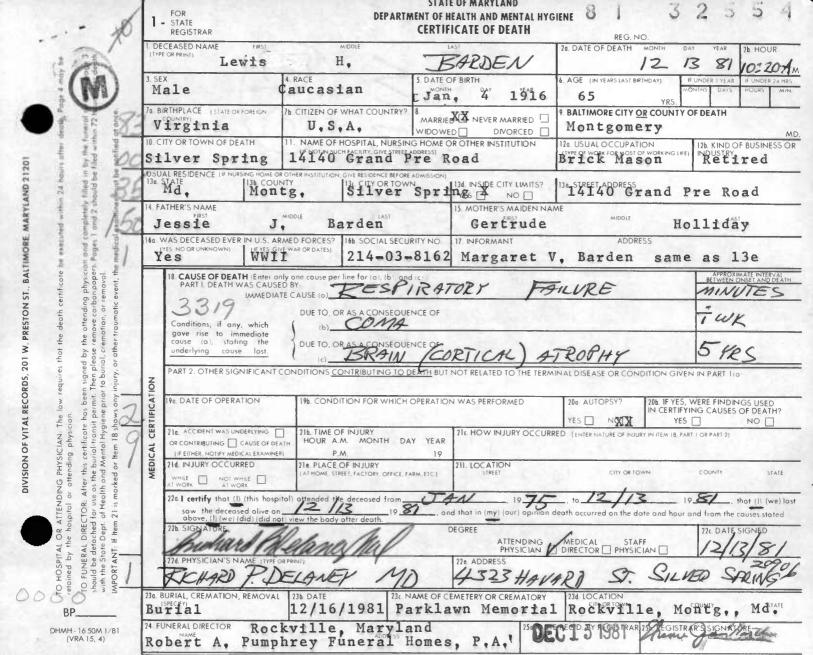
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 1 3	2 5 5 2
y be	(1	Mable	IABLE MODIE M.	nold	DEC.	13/8/08/5 M
e (M)	3	EMALE	RACE HITE	MARCH 14,1903	a. Wor Inglewed that amiliaril	IF UNDER 1 YEAR IF UNDER 24 HRS
dearn. Pa	5	Md.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomer	
by the fu	5	Rockville	The was in such mentity. Give street	G HOME OR OTHER INSTITUTION ADDRESS) C LIENT RT - Sall GIVEN	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE H. Wife	12b KIND OF BUSINESS OR INDUSTRY Home
within 24 ho tely filled in should be fil examiner mu	3	UAL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT Maryland Mon		burg YES NO TO		ville Rd.
ecuted wit completely 1 and 2 sho nedical exa	2	JOHN ED	WARD McMAHON	EUGENIA		PSON (AST
be expand and sages	16.	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) {# YES, GIVE V	NATION DATES) 166 SOCIAL SECU 214-74-2		sbert Same as #	
ifical iysici ipers. Ioval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		pulmonary a	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
it the death cert the attending ph move carbon pa emation, or rem other traumatic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF CVA		Tolays
that by the e rem		cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	D'chenie C	ongheat failer	Years
law requires been signed i . Then pleas rior to burial s any injury,	200		assing Etofore	DEATH BUT NOT RELATED TO THE TERM	CUA PHY ASPI	etin proces
The thas ermine p in the p	2	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOW YES	WERE FINDINGS USED YING CAUSES OF DEATH? NO
ENDING PHYSICIAN: or attending physician. DR: After this certificate as the burial-transit prealth and Mental Hygie is marked or Item 18s	40.0	OR CONTRACTOR OF DEAL	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT OR PART 2)
DING PH ttending After th After th s the bur th and M marked	AEDICA.	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEN bital or a ECTOR: for use a of Heal		22e I certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (did not)	Dor 12 198	, and that in (my) (our) apinion	death occurred on the date and hour	ond from the couses stated
DOLA Dept		MASIGNATURE 259	W. Kares	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12 / 14/8
TO HDSPITAL retained by the TO FUNERAL should be detae with the State 1		224 PHYSICIAN'S NAME (TYPE OR	ES 14	Deer Park	Dr. Gaithersburg	Md. 20877
Bb Charles	23	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY Forest Oak	234 LOCATION	COUNTY STATE Mont. Md.
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR BARBER		MD. 20879 250. DAY	FC 16 1981	



X	1	FOR - STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENT CERTIFICATE OF DEAT		REG. NO.	2 3	5 3
	I. D	ECEASED NAME FIRE	ST MIDDI	LE .	LAST	20. DATE (OF DEATH MONTH	DAY YEAR	26. HOUR
Poge 4 moy be director, poge 3 holl of the first first decident	L	Ja		bank	Atkinson		December	10 181	1035M
4 goy	3. SI		4 RACE		DATE OF BIRTH		YEARS LAST BIRTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
ect of the second		Female	Whit		March 12 18	89	92 YRS		HOURS MIN
2 h 2 h 2	7a. E	IRTHPLACE ISTATE OR FOREIGH	76. CITIZEN OF WHA	AT COUNTRY?	MARRIED NEVER MARR	IED 9 BALTIM	ORE CITY OR COUN	ITY OF DEATH	
deoth.		ashington, D.			WIDOWED DIVORC	ED Mo	ntgomery		MD.
offer of the	10. (Rockville		CILITY, GIVE STREET AD		TYPE OF WO	LOCCUPATION ORK FOR MOST OF WORKING d Ins. Age	LIFE) INDUSTRY	BUSINESS OR rance
t hou deed in	130.	AL RESIDENCE IF NURSING HO STATE 13b	OME OR OTHER INSTITUTION, GIVE	CITY OR TOWN	omission) 13d. INSIDE CITY LI				
AND 2:	1		ontgomery G	ai thersb		□ 210	Brooks Av	re.	
MARYLA ed within ond 2 sh	A.	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAII		WIDDLE	LAST	
MAR wheel was a second of the	1	W.		Brockban		abeth	-	Prior	
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours tysicion and completely filled in by opers. Pages 1 and 2 should be file to the medical examines must be no	160	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YI	ES, GIVE WAR OR DATES!	36-40		A. Chacon	ADDRESS E		ville Rd 21771
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certification of tenting physicion. For this certificate has been signed by the ottending physician the bright-transit permit. Then please remove corbang his and Mental Hygiene prior to buriol, cremotion, or removed or Item 18 shows any injury, or other traumatic even	NO	Conditions, if any, whis gove rise to immedia couse 101, stating 11 underlying couse los	ch (b) DUE TO, OR AS		ulmonary &	Cardio HE TERMINAL DISEA	in ascular	CLIPANE GIVEN IN PART 110	
AL RECOR	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION	N FOR WHICH OI	PERATION WAS PERFORMED	20a. AUT	IN CERT	YES, WERE FINDING TIFYING CAUSES O	GS USED OF DEATH?
ION OF VITAL R HYSICIAN: The I riding physicion. nis certificate hos buriol-tronsit per I Mentol Hygiene or Item 18 shows	Y	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL	OF DEATH HOUR A.M.		YEAR		ATURE OF INJURY IN ITEM 18		
DING PHYSICI or oftending 1 After this cert se as the buriol softh and Mentte marked or term	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN I AT HOME, STREET, F	NJURY FACTORY, OFFICE, FARA	A, ETC.) 211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
OR ATTEN is hospital DIRECTOR ched for used for		220.1 certify that (I) (this saw the deceased oli above (I) we (did) a 22h SIGNATURE	and I was I	3 1938	DEGREE ATTEN	DING & MEDICAL	STAFF		
TO HOSPITAL OR A retoined by the hos should be detoched with the Stote Dept.	220	THE PHYSICIAN'S NAME . KWAN	9 S. K.	IM	774 ADDRESS 615 W	Montgon	er PHYSICIAN	Rockeri	le: MO
0701		BURIAL, CREMATION, REMO SPECIFY Burial	12/14/1	81 St.	Rose of Lima	Cem. Gai	thersburg	Montg.	Md.
DHMH-16 60M 1/73 (VR A 15 (4))		uneral director artner Sandis			amond Avenue rg, Md. 20877	DEC 1 5	registrar 25	STRA DEIGNATO	REY CALINO

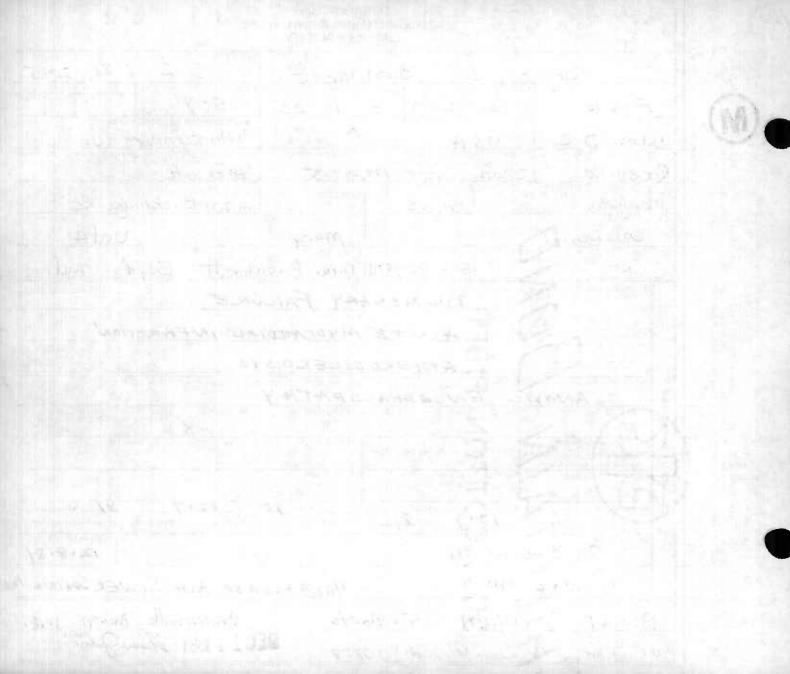
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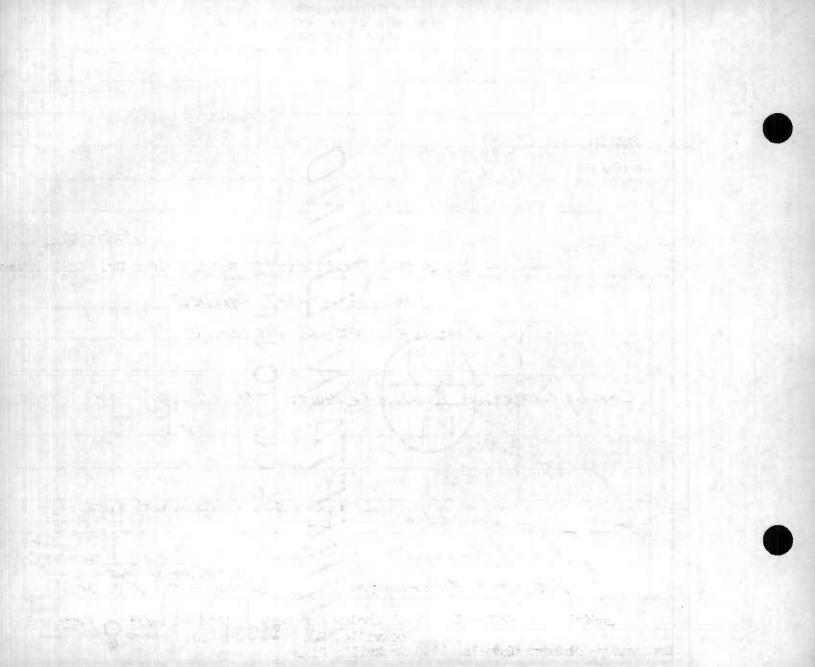
the seal toric and the seal tions roll allering Billing fried filter track that the last switch Bonds and Long D. Lat. T. Z. ghirdh Tay217 ... manch enotition aburrant nears .t sisset off to other source ." Darrens Edito-FI- II The FEESPIRATORY FORLURE 1000 2316 BRAW (CORTLEAS) STROTHY 12/13 8100H 75 12/13 81 FLAND FDELDACT MID 4523 HAVARD ST. SILVED STEME

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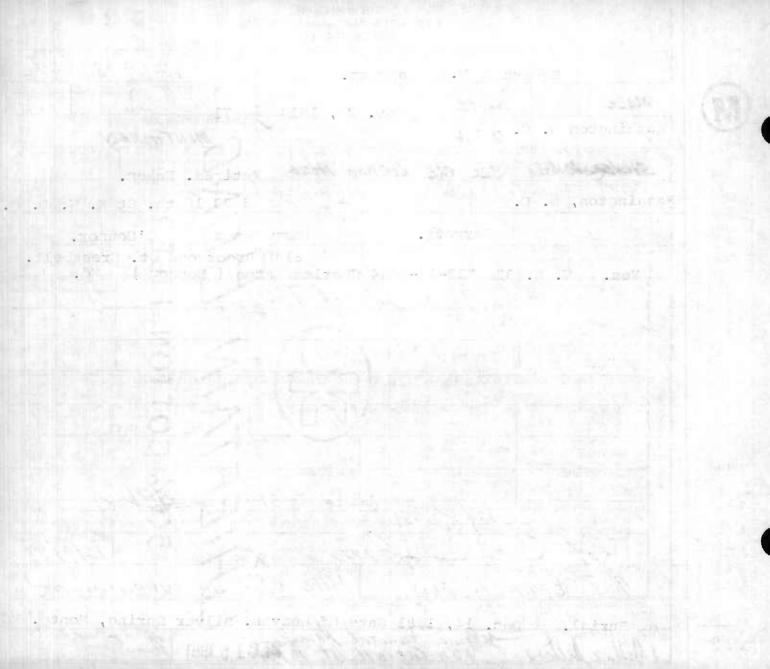
	1	FOR		STATE OF MARYLAND	8 1	3 2 3 5 5
	1	FOR - STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
		ECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
o t 2	(1)	PE OR PRINT) Mary	4	Barnhardt	12	7 81 2045 M
0.0	3. 9	EX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
4		remale	Caucasian	3 1 23	58 Y YR	5.
VII	70.	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		ITY OF DEATH
\$ 5L	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b, KIND OF BUSINESS OR
18	18	ockville	Shady Gro	e Adventist	TYPE OF WORK FOR MOST OF WORKING	
13	130	STATE 136 COL	OR OTHER INSTITUTION SIVE RESIDENCE BEFORE UNITY 13c. CITY OR TO	WN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	nds Rd
1	14	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		
15	0	UNKNOWN	MIDDLE	MACY		UrdA
medicol	160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	0 0
0		No	5/8-26	27801 Myz. BAC	nhardT Boy	
ewaval.		18 CAUSE OF DEATH LEnter PART I. DEATH WAS CAUS	only one couse per line for (a), (b), o		. 40 =	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve			ATE CAUSE (0) PULI	MONARY FAIL	URE	
, or		4100	DUE TO, OR AS A CONSEQ	UENCE OF		,
traum		Conditions, if ony, which	((b) ACU	TE MYOCARD	MAL INFAR	CTTON
0.		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		and the Association
or oth		underlying cause lost.	(c) ATH	ERD SCLEROS	5/5	
njury, o	7			DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
	_ P	ANO		PHALOPATA		
s ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
shows					YES NO	YES NO
8 (-0.	OR CONTRACTOR CAUSE OF D		DAY YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
Item	1 8	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
ō	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
morked	2	AT WORK AT WORK				
E		220.1 certify that (I) (this has	pital) attended the deceased from	. 19_7	D 10 12.7	_, 19, that (1) (we) lost
21 is		sow the deceased alive of	on 2.7 19.	, and that in (my) (our) apinio	n death accurred on the date and h	nour and from the causes stated
E H		22b. SIGNATURE	nor) view the body offer deoth.	DEGREE		22c. DATE SIGNED
		m 5.	naw MO	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12.8.81
ORTANT: IF		22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRESS	7	
MPORTAN	11	MENOU	UMD	9013 FL	DWEL AVE SI	LVER SPRING M
IMPO	230	BURIAL, CREMATION, REMOVA	AL 23b. DATE 236	NAME OF CEMETERY OR CREMATORY	23d LOCATION	1
		BUNIAL		ST. MARYS	BARNESUILLE	Monty, With
		100.11				
	24	FUNERAL DIRECTOR	0 0	250. 0	PACED. BY REGISTRAR 256.	ISTRAR'S SIGNATOR
M 1/B1 , 4)	24		Brusseller ADDRESS		ECT 4 1981 256	ISTRAR SIGNATORE

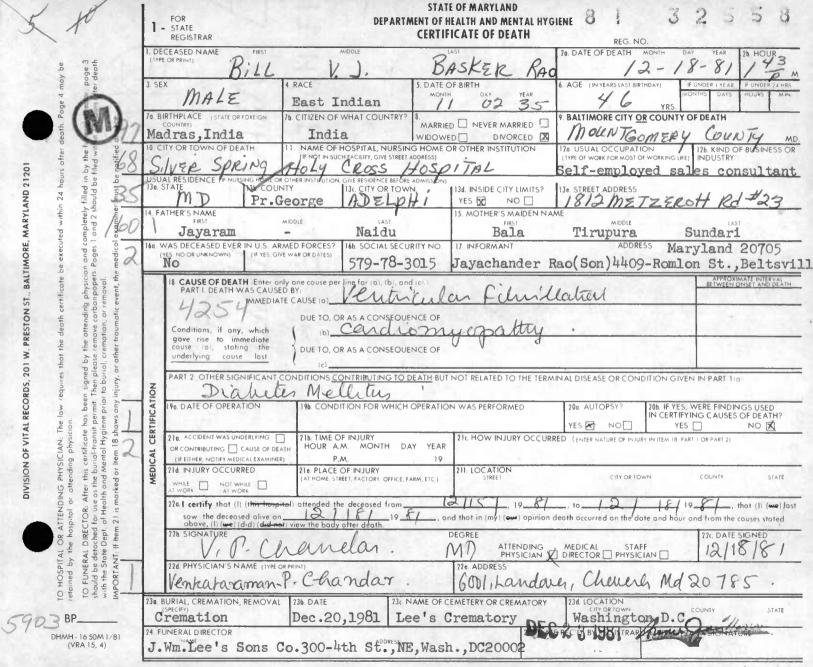


12	1	FOR - STATE		DEPAR	TMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8 1	3	2 5	5 5
		REGISTRAR CEASED NAME FIRST		WIDDLE		LAST DEATH	REG. N	O. MONTH DAY	YEAR	2b HOUR
1 1	(TYP	E OR PRINT) FANN	E	NMI	1:	BARR		12 18	81	847 AM
	3. SE		4 RACE		5 DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF I	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	70 B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTR'	V2 9	17 93	84 BALTIMORE CITY C	YRS	EDEATH	
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oy the fulled with	4.	HEATON MO.		ICH FACILITY, GIVE STRE	ET ADDRESS]	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	F WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
in 24 hours	130.		OR OTHER INSTITUTION	13c. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		mr.	
marky ted with ted with ond 2		ATHER'S NAME FIRST HYMAN	MIDDLE		DIVITZ	15. MOTHER'S MAIDEN N FIRST SARAH	WIDDLE		ınknowi	
IMORE,		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	220-60-		David Barr;	31 Redding		r., G	Md. aithersbu
DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The low requires that the death or attending physician. Ifter this certificate has been signed by the attendin as the burial-transit permit. Then please remove carb th and Mental Hygiene prior to burial, cremation, ar	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CHRONIC OB 190. DATE OF OPERATION	(c)_ CONDITIONS C	OR AS A CONSEQUENCE ON TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RAINAL DISEASE OR CON - ARRIVALSELLE 200 AUTOPSY?	206 IF YES, W	VERE FINDIN	DISCUSED IGS USED
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t OR ATTENDIA the hospital or t DIRECTOR: A trached for use e Dept. of Heal		220-I certify that (I) (this has saw the deceased alive of above, (I) (we) (did) (did in 22b. SIGNATURE	n	Zemsen 17,19	87, a	nd that in (my) (aur) apinia DEGREE ATTENDING	n death accurred an the do	ate and hour ar	22c. DATE S	SIGNED
TO HOSPITAL TO FUNERAL should be dere with the Store			SERT-L		+mar	22e. ADDRESS	7733 AZAS WASHINGTI	K4 gr		
1601		BURIAL, CREMATION, REMOVA SPECIFY Burial	12-20			emetery or crematory colom Cemeter	CITY OR TOWN	Unichi	OUNTY	STATE
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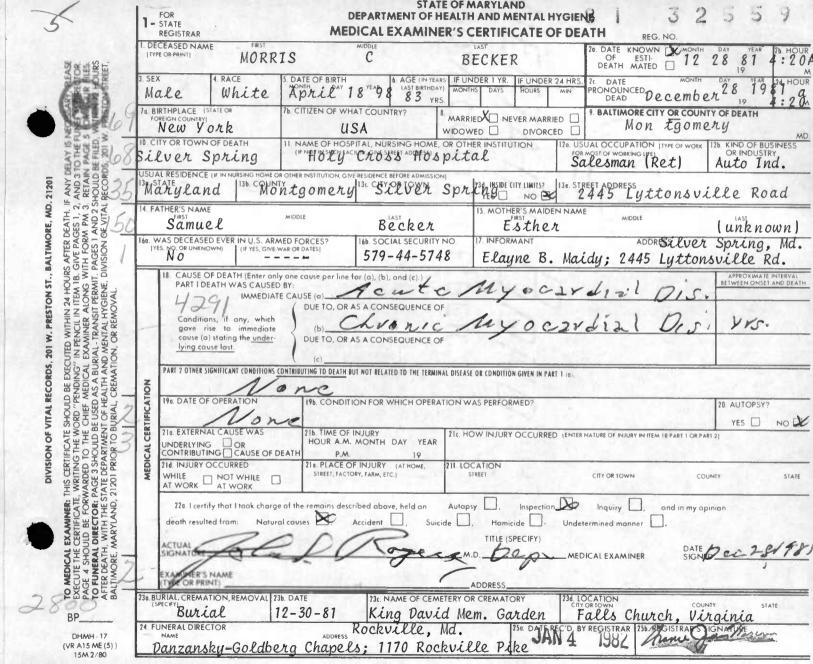
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/-	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 5 6			32561
. 0	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.			
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	20. DATE KN	OWN MONTH DAY YEAR 75. HOUR
ほんは記す	Robert	Jeffrey	Benton DEATH MA	ATED 12 27 19 81 M
A STAN WASHINGTON	3. SEX 4. RACE 5. DATE OF B MONTH Mar. 1		DER 1 YR. IF UNDER 24 HRS. 2c DATE	MONTH DAY YEAR 2d HOUR 3:15A
A STATE OF THE STA	To BIRTHPLACE (STATE OR Th CITIZEN C	E WHAT COUNTRYS	ED NEVER MARRIED 3 9 BALTIMOR	E CITY OR COUNTY OF DEATH
DESER SO	Maryland Unite	d States WIDOW		omery County, MD.
AY IS THE R PAGE FILED	ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF W			ION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY VCling Automobile
DEL 3 TO	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTI	ON, GIVE RESIDENCE BEFORE ADMISSION)		yeling Automobile
RETAIL SHOULD	Maryland Montgomery	Silver Spring		dell Street
RE, MD.	Richard Nipple	Benton	Grace J.	Hami'ls'ton
BALTIMO S AFTER D GIVE PAG GIVE PAG PAGES 1 A INISION ©	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (1F YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 213 66 0227	Morner _	ame as item 13
E SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NOORD" PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FLE MEDICAL EXAMINER ALONG WITH FORM PM. 3. FEATIN PAGES BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED NT OF HEALTH AND MENTAL HYGIENE, DIVISION OCCUITAL RECORDS, 201 W BURIAL, CREMATION, OR REMOVAL.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Multiple injuries Multiple injuries			
RECORDS, 201 W. LD BE EXECUTED W. PENDING" IN PEN MEDICAL EXAMIN A SA BURIAL - TR. HEALTH AND MENT CREMATION, OR	Cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).			
AL REALLY COULD BY THEALLY CITY	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WA	AS PERFORMED?	2D AUTOPSY?
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MEDI ECUTE GE 4 FUNI TER DE	EXAMINER'S NAME Thomas D	. Smith, M.D.	ADDRESS III Penn St.	Balto., MD.
	23a.BURIAL, CREMATION, REMOVAL 23b. DATE De (SPECIFY) Burial 31,198			county state er Spring, Maryland
DHMH-17 (VRAT5 ME (5))		NUMPHREY FUNERAL	25a. DATE REC'D. BY REGISTRAR	256 REGISTRA'S SIGNATURE

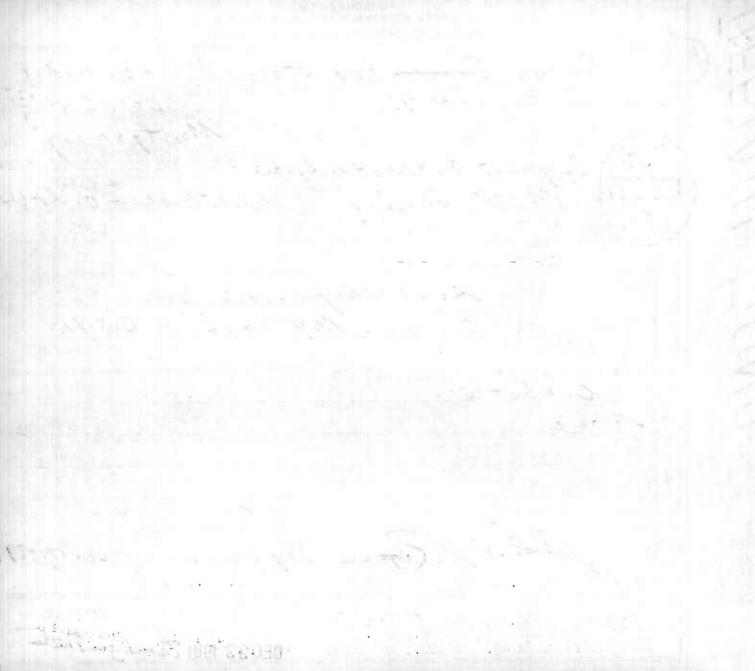
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO ECEASED NAME 20 DATE KNOWN YPE OR PRINTI ESTI-THE FUNERAL DIRECTOR.

AGE 5 FOR YOUR FILES.

FILED, WITHIN 72 HOURS

201 W PRESTON STHEM DEATH MATED MALE DATE OF UNDER 24 HR DATE LAST BIRTHDAY PRONOUNCED 140 DEAD 7b. CUIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF FOREIGN COUNTRY NEVER MARRIED MARYLAND USA WIDOWED A DIVORCED 201 W SHOULD BE FILED, 10 CITY OR TOWN OF DEATH THE OF WORK CORDS USUAL RESIDENCE (IF IN 20901 13d. INSIDE CITY LIMITS? DIVISION OF WITAL 14. FATHER'S NAME AND 2 JOSEPH MIDDLE EDITH MIDDLE LEMAR BERNSTEIN FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 212-07-8403 NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D N., CREMATION, OR REMOVAL. APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES [] NO 8 DEPARTMENT 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 3 STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Autapsy and in my apinion death resulted fram: Natural causes Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME MONT. CO., MD JOHN A. ROGERS (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL MARYLAND CHIZUK AMUNO BALTIMORE DEC.18.1981 24 FUNERAL DIRECTOR SOL LEVINSON BROS., INC. 250. DATE REC'D. BY REGISTRAR **DHMH-17** 6010 REISTERSTOWN RD. BALTO., MD 21215 (VR A 15 ME (5) 15M 2/80



DHMH - 16.50M 1/81 (VEA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH	ENE		100		
CERTIFICATE OF DEATH	REG.	NO.			
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. H
					0 .

	1.	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYC	GIENE O	REG. NO	3	ha is	0	()
		CEASED NAME	FIRST		MIDDLE	L	AST	2a. DATE O			AY YEAR	2b. HOU	JR
	(179)	E OR PRINT)	Rober	rt		В	errv			12-04-	-81	9:3	2 PM
	3. SE	Х		4. RACE		5. DATE C	OF BIRTH	6 AGE IN	YEARS LAST BIRTI	(DAY)	IF UNDER I YEAR	IF UNDER	
		M ale	6.10		aucasia	n Ja	n. 13, 1913		68	YRS.	ONTHS DATS	HOURS	MIN.
	₹a. 8	IRTHPLACE (STATE OR			WHAT COUNTRY?	8		9 BALTIMO	RE CITY OF		OF DEATH		
5	V	W.Va.		USA	A	WIDOWE	D NEVER MARRIED DIVORCED	Mo	ntgom	ery			MD.
		ITY OR TOWN OF DEA	ATH			G HOME C	OR OTHER INSTITUTION		OCCUPATIO		126 KIND C	F BUSIN	
D	В	ethesda	1		rban Hosp				Pres.	WORKING LIFE		s Co	
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S		Md.		gomery	Bethes d		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET 5015	Batte	ery Lr	1.		
770.	14. FA	ATHER'S NAME	-				15 MOTHER'S MAIDEN NA	ME				-	
U		Clifford	Berry	AIDDLE	LAST		Annie P	arker	WIDDIE		LAS	57	
		WAS DECEASED EVER			16b. SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRE:	Booms	r Cree	le Tes	
		YES, NO OR UNKNOWN)	I IF YES, GIVE	WAR OR DATES)	578-10-	5519A	William Pr	octor	Frede	rick.	Maryl	and	•
	-	18 CAUSE OF DEAT	H (Enter on	v one couse per	line far (a) (b) and	lie I						IMATE INTE	RVAI
		PART I. DEATH W	AS CAUSE	SPV			T, Due Corous	70A La	0210	1000			
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	Z	PART 2. OTHER SIGN	VIFICANT	ONDITIONS CO	DATKIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E OR COND	IIION GIVE	NINPARITO	0	
-	CERTIFICATION	19g DATE OF OPERA	TION	Tigh COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	DPSY?	20h. IF YES.	WERE FINDIN	VGS LISE	D
Ť	FIC	DATE OF OTERM		110	The state of the s	0. 5.0,000	THE STATE OF THE S			IN CERTIFY	ING CAUSES	OF DEA	TH?
	12	21g. ACCIDENT WAS UN	DERLYING T	21b. TIME O	F IN IURY		21c. HOW INJURY OCCUR	YES _	NO [YES		NO [
ì		OR CONTRIBUTING			M. MONTH DA		THE TOTAL MAJORIT OCCOR	KED (ENIEKN)	ATURE OF INJUR	TINTIEM IB PA	KT OK PART 2)		
/	MEDICAL	11F EITHER NOTIFY MEDI		P.		19	211 LOCATION						
	¥			21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	STREET		CITY OR TOW	IN	COUNTY		STATE
		AT WORK AT WO											
		220 I certify that (1)	(this haspit	al) attended th	e deceased from \(\frac{1}{2} \)		3:00 dm) 18 BI		ST-KE		921	-	we) last
		saw the decease above (1) we) (a 22b. SIGNATURE	ed one oo did (did no	view the body	ofter death.		nd that in (my) (aur) opinion	death accurre	ed an the da	te and hour			ated
		22b. SIGNATURE	1				DEGREE	Mento Lo	07.45		22t. DATE	SIGNED	
		Y dieleck	X. X	men		M.5	ATTENDING PHYSICIAN	DIRECTOR	PHYSICI	AN 🗌	15%	5.8	1
		226. PHYSICIAN S.N.	AME (TYPE)	PRINT)			22e. ADDRESS				- 11		
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		BURIAL, CREMATION,		23b DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOC					
		SPECIFY) Remov	al	12-5	-81 Ge	orget	own Med. Scho	ol city	Wash	ington	D.C		STATE
	24 F	UNERAL DIRECTOR	Part I	1			25 1 5	RET'D. BY	EGOSTRAR		A SHOW	ALL THE	
		NAME		. 1 0	ADDRESS .		m 4 - 17 -	CTT	1701	· SERVICE	10 May 1		

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Metropolitan Funeral Service, Alexandria, Va.

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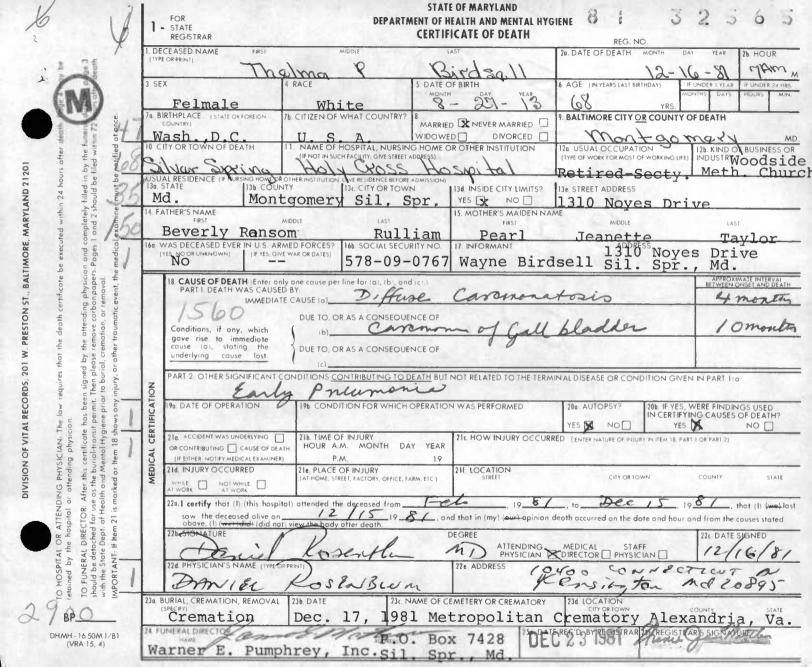
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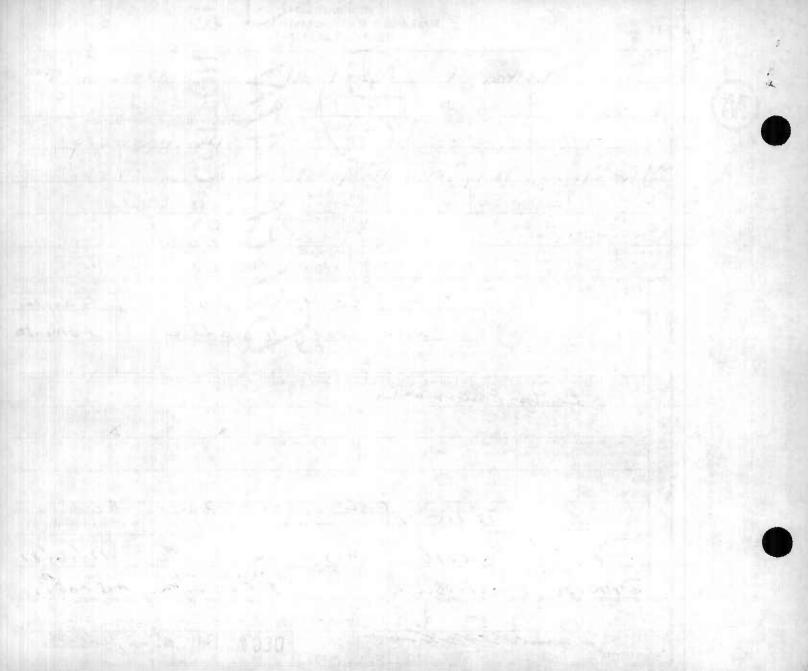
Merropolitan funeral Service, Alexandria, Va.

	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE) REG. NO.	2 3 0 4
	EASED NAME PIRST PAUL	Harold	Q Bingman Ir	20. DATE OF DEATH MONTH	9-81 26. HOUR AT
3. SEX		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	June 28 1927	54 YRS.	
75 Pen	insylvania	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Mantaomery	Y OF DEATH
Sil	vor town of death Ever Spring	(IF NO) IN SUCH FACILITY GIVES	URSING HOME OR OTHER INSTITUTION STREET ADDRESS HOS PITAL	12a USUAL OCCUPATION Wanagement Spec	126. KIND OF BUSINESS OR INDUSTRY GOV t
BI Mar	yland Montg	TY 13c. CITY OR	TOWN 13d INSIDE CITY LIMITS? T Spring YES X NO	130. STREET ADDRESS 1902 Agate Dra	ive
50 Pa	HER'S NAME FIRST WUL Harold Bing		15. MOTHER'S MAIDEN N FIRST Thelma Go	andon MIDDLE	LAST
TO	AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	SECURITY NO. 17 INFORMANT 0-9522 Brenda Bina	ADDRESS Man/Wike/ same as	130
å, å	18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one couse per line for (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EOUENCE OF	Buacy	7 mo
	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u>	S TO DEATH BUT NOT RELATED TO THE TER	PMINAL DISEASE OR CONDITION GI	VEN IN PART I a
CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
400	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
13	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this hospit saw the deceased alive and abave, (I) (we) (did) (did not	DELEMBER 15	2001	n death occurred an the date and har	19.2., that (1) (we) lost ur and from the causes stated
	22b. SIGNATURE	Sesin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	12/29/81
NA N	ECHAR H. LE	VIN HO	222 ADDRESS 863	OFENJON STR	10 20910
23a BU	urial, cremation, removal	236. DATE 12-82	23c NAME OF CEMETERY OR CREMATORY Parklawn Cemetery	CITY OR TOWN	county state
24 FUN	NERAL DIRECTOR NES	ADDI	WERAL HOME 250 D	ATE REC'D. BY REGISTRAR 256. REGIS	TRANS SICHALINA Wather

STATE OF MARYLAND

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ICA		LILLI	AN H.	BISSET	XXX 12	21 61 10 HOUR
(BA)	3. SE		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	31 81 10:46 PD
		FEMALE	CAUCASION	MONTH DAY YEAR	7.8	MONTHS DATS HOURS MIN.
£ -00 101	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUN	
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10	160 V	VAS DECEASED EYER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	JRITY NO. 17 INFORMANT		ALBRECHT
A 200	L.	YES, NO ORUNKNOWN) (IF YES, GIV	E WAR OR DATES) 574 44.		ADDRESS	
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4000		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), or D BY:	od (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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2 2	8	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPER ION WAS PERFORMED	20s AUTOPSY? 20X IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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Day of the State o		John Kija	W VI	3110662	Peinc was 300	101
1507	21s.	BLIRTAL CHEMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	230 LOCATION P	A COUNTY STATE
8P		Kurial	Jan. S. 1982 No	weren meny fau	ATEREC'D. BY REGISTRARIA REG	The state of the s
DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR	OIL TO ADDRESS	MALLEY DA	N 5 1982	
(VRA 15, 4)	1100	Contumeral Hone.	4. mun 754 Chi	WUN.VII		

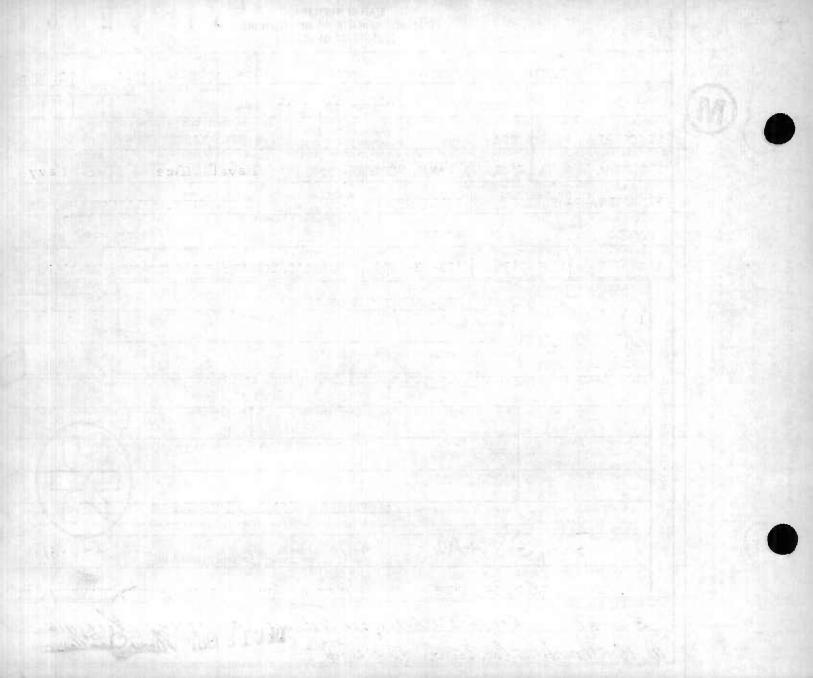
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STATE OF MARYLAND

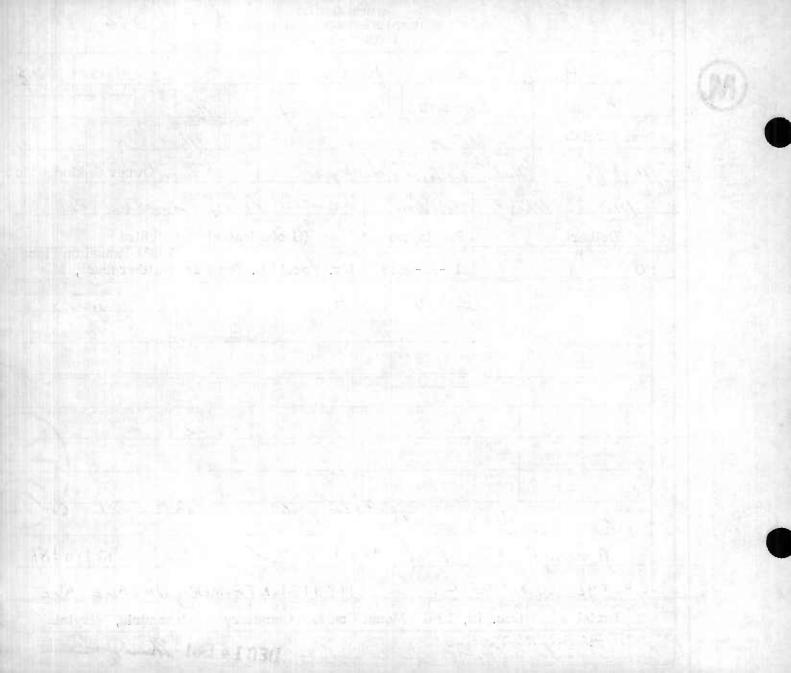
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	L	FOR - STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 1	3	2 5	6 9
e & £		PECEASED NAME FIRST		MIDDLE	-{	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
ogy b	2 0	DAVI	1 RACE	HAROLD		BODTKE	DECEMBER			3:30 рм
7 (64)	3	MALE	CAUC		5. DATE C		6. AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
St Clair	7a	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	0	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DE ATH	
death death		VISCONSIN	USA		WIDOWE	DI DIVORCED	MONTGOME	RY COUN	TY	MD
by the filled with	7 1	CITY OR TOWN OF DEATH BETHESDA	NATIONA	OSPITAL, NURSIN H FACILITY, GIVE STREET L NAVAL	IG HOME C ADDRESS) MEDIC	AL CENTER	120 USUAL OCCUPA (LYPE OF WORK FOR MOST Naval Off		INDUSTRY	. Navy
in 24 hau ly filled in shauld be i	130 I	ENNSYLVANIA SNYI	TV	130 CITY OR TOW SELLINS	GROVE	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2 WOODRUFT	F, SELL	INSGRO	VE, PA
with with	14	FATHER'S NAME HAROLD	MIDDLE	BODTKE		BESSIE	AME WIDDLE	В	178 ENNETT	870
be executed an and camp s. Pages 1 ar	7	WAS DECEASED EVER IN U.S. ARI	MED FORCES?	166. SOCIAL SECU 173-03-		JEANBELLE BO		DRUFF INSGROVI	E, PA	17870
that the death certificate d by the attending physici lease remaye carbon paper ind, cremation, ar remaval. ar anter traumatic event, th		Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEQUE	NCE OF	IA OF LUNG				
been signermit. Then playing any injury, and	ATION	PART 2 OTHER SIGNIFICANT C				NOT RELATED TO THE TER	MINAL DISEASE OR COM		V IN PART 110	
hysician. icate has bransit perm Hygiene p 18 shaws a	CERTIFICATION				O'EKATIO!		YES NO	IN CERTIFYI	NG CAUSES (OF DEATH?
HYSICIAN: Iding phys ais certifica burial-trar Mental Hy ar Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)		a. month da a.	Y YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	T I OR PART 2)	
ond and ked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE FA		STREET	CITY OR T		COUNTY	STATE
ATTEN aspital ECTOR: d far us d far us m 21 is		220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	5	19	, on	VEMBER 1981 d that in (my) (aur) apiniar	, to <u>10DECEN</u> death accurred on the c	, , ,	and fram the c	
PITAL OR by the hor ERAL DIRE ce detache State Dep		22d. PHYSICIAN'S NAME (TYPE OR	J.J.A	dele	/	n O ATTENDING	MEDICAL STA	CIAN A	22c. DATE S	1-81
TO HOSPITAL (retained by the TO FUNERAL E should be detoo with the State E IMPORTANT: If		G. SLADEK, LC	DR, MC,			NATIONAL NAV		CENTER	BETHE	SDA, MD
BP	L	BURIAL, CREMATION, REMOVAL (SPECIFY) TUNERAL DIRECTOR	Dee. 15	1981 Ar	IME OF CI	on National	23d. LOCATION CITY OF TOWN APLING	TE EGISTR	Ostardy)	,314)1 9/82 RE-
(VKA 15, 4)	6	U. W. Chamber	15 Co. 84	055 Ga., h	ve., 5.	S.Md.		TOTAL		Maria C.



Woodbush



Danzańsky-Goldberg Chapels; 1170 Rockville Pike

(VRA 15. 4)

STATE OF MARYLAND

CONTRACTOR STREET PERSON - LONGON - NAMED BEING BEING

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BOOTH

OCTOBER 16, 1911

MARRIED Q NEVER MARRIED

13d. INSIDE CITY LIMITS?

NO

15. MOTHER'S MAIDEN NAME

LAST

5. DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

NATIONAL NAVAL MEDICAL CENTER

REG. NO 20. DATE OF DEATH MONTH

2b HOUR

DECEMBER 3, 1981 6 AGE (IN YEARS LAST BIRTHDAY)

3:30

70 9 BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR

MONTGOMERY COUNTY 120. USUAL OCCUPATION

LAWYER WORK FOR MOST OF WORKING LIFE

ELF EMPLOYED

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN MONTGOMERY KENSINGTON MARYLAND 14. FATHER'S NAME

MERMOD

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

4 RACE

CAUC

USA

BOOTH SR.

270-01-5009

MIDDLE

7h CITIZEN OF WHAT COUNTRY?

MERMOD

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

ROSE 16b SOCIAL SECURITY NO

KENSINGTON, MD 20895 SHERWOOD

9509 EAST BEXHILL DRIVE

17 INFORMANT

YES X

9902 *999 MONTAUK AVE

20n AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2)

ACUTE MYELOGENOUS LEUKEMIA DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

- STATE

TYPE OR PRINTE

3. SEX

REGISTRAR

ROBERT

DECEASED NAME

MALE

To BIRTHPLACE (STATE OF FOREIGN

CITY OR TOWN OF DEATH

ROBERT

Conditions, if ony, which gove rise to immediate couse joi, stoting the

underlying couse

190 DATE OF OPERATION

21d. INJURY OCCURRED

WHILE

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

CERTIFICATION

MEDICAL

à

sha

00

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MPORTANT

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

ILLINOIS

BETHESDA

YES

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION

CITY OR TOWN

and that in (my) (our) opinion death occurred an the date and have and from the causes stated

(OSIDE)OHIMBER

NOX

COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

1081

IN CERTIFYING CAUSES OF DEATH?

STATE

NO IX

220.1 certify that (1) (this hospital) attended the deceased from 03 DECEMBER 19 81 SKINATIL

DEGREE

20NOVEMBER

22e ADDRESS

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN .

NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD

22c. DATE SIGNED

P. S. MASSIMIANO, LT, MC, USNR 23a. BURIAL, CREMATION, REMOVAL 236. DATE | Cremation

22d PHYSICIAN'S NAME LIVE OF PRINT

23c. NAME OF CEMETERY OR CREMATORY Dec. 5. 1981 Lee's Crematory

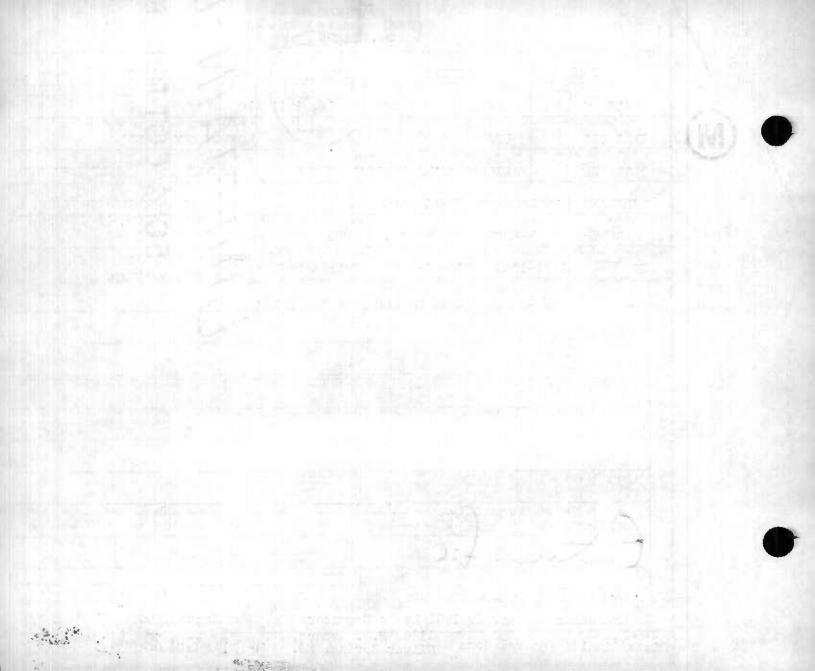
23d. LOCATION Washington, DC

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

11800 N.H. Avenue 1250, DATE RECD "Silver Spring, Md.

DHMH - 16 50M 1/B1

(VRA 15, 4)



- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

REAL ESTATE 10709 ST. MARGARETS WAY WEDDLE SILVER SPRING.MD. 8409 11TH AVENUE, 2 mouth ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 6 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | FINTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 CITY OF TOWN STATE our opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF SILVER SPRING. MARYLAND SILVER SPRING MONT 24 FUNERAL DIRECTOR FRANCIS J. COLLINS. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

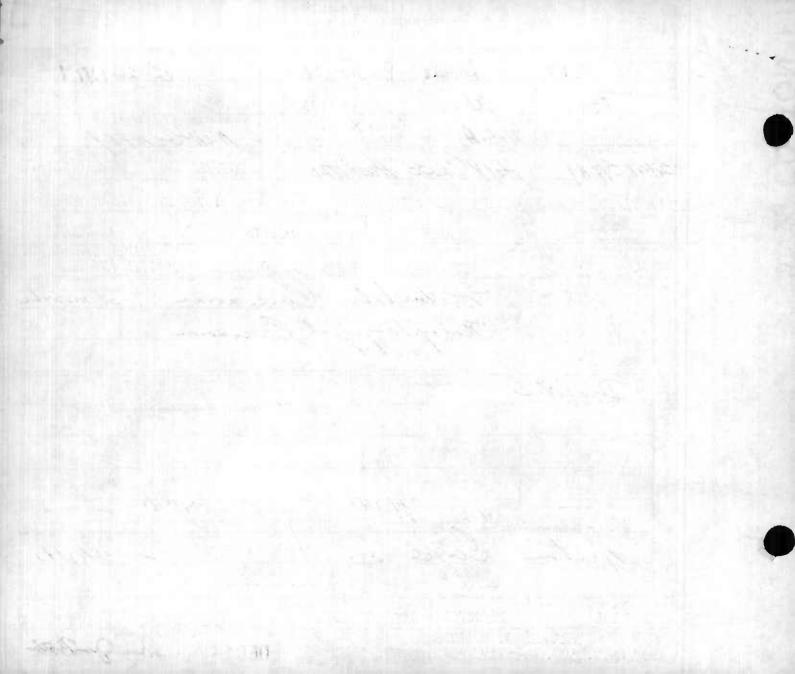
CERTIFICATE OF DEATH

REG. NO

2h HOUR

IF LINDER I VEAR

20 DATE OF DEATH



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH L DECEASED NAME 26 HOUR (TYPE OR PRINT) 181 Bernice Helen Boyle December & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX IF UNDER 24 HRS MONTH DAY White Female 1895 86 July 18 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. WIDOWED Montgomery Mass. ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Gaithersburg 20070 Doolittle St. BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 70 Gaithersburg 20070 Doolittle St. Md. Montgomery 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST William Ellen Sullivan Bland Mary IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 2007@REDoolittle St. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 010-22-8552 Rugth Benson Gaithersburg, Md. 20879 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? pri IN CERTIFYING CAUSES OF DEATH? NO YES [216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL or frem (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. Mer 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 276 MIGNATURE DEGREE 22c. DATE SIGNED TO FUNERAL E should be deto with the Stote E DIRECTOR PHYSICIAN MPORTANT: 174 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES chumacher, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Jan.4. 182 Malden Holy Cross Cemetery Mass. 316 E. Diamond Avenue, DHMH-16 60M 1/73 Gaithersburg, Md. 20877 Gartner Sandison F.H. (VR A 15 (4))

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72	1.	FOR STATE REGISTRAR.	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE B 1 3	2575
200		CEASED NAME FIRST OR PRINT) MARY	MIDDLE	BRAGG	20 DATE OF DEATH MONTH	27. 81 26. HOUR 60 39 M
(11)	3. SE		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS BATS MOURS MIN.
er death. Pa		W. VA.		MARRIED NEVER MARRIED WIDOWED DIVORCED	ITA USUAL OCCUPATION	MD.
in by the se filed to be notif	USU.	AL RESIDENCE (IF NURSING HOME OR O		ADVENTIST FORE ADMISSION	Hole se wife	INDUSTRY
within 24 h within 24 h letely filled d 2 should t		ATHER'S NAME FIRST	~ //	13d. INSIDE CITY LIMITS YES NO 15 MOTHER'S MAIDEN	17060 Kin	4 JAMES WAY
Composition of the composition o	7 160 V	VAS DECEASED EVER IN U.S. ARM	Smith	CURITY NO. 17 INFORMANT	A MCGIL	CTON'S
BALTIMORE, cote be executed by skicton and coppers. Pages 1 vol. vol. vt. the medical vt.	(YES, NO OR UNKNOWN) (1F YES, GIVE	war or dates) 234-4	18-58W MFS. AT	well Pooken	He rd.
I W. PRESTON ST., hot the death certific by the attending ph ase remove carbon pr i, cremotion, or remo		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE On only, which gove rise to immediate couse (o), stating the underlying couse lost.	CAUSE (0) CARD	DUENCE OF	AURTIC STENOS	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
S, 20	NO O	PART 2 OTHER SIGNIFICANT CO		O DEATH BUT NOT RELATED TO THE T	erminal disease or condition gi	VEN IN PART 1(o)
AI RECORD The low requision. The low requision. The permit The given prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ESNO
VISION OF VITAL G PHYSICIAN: Th strending physicio er this certificate 1 the buriol-tronsit ond Mental Hygie ked or item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT. (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
A ATTENDIA hospitol or RECTOR: A ed for use pt. of Heol		270 I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not) 226-SIGNATURE	12.5		ion death occurred on the date and ha	, 19 5 1, that (I) (we) lost our and from the couses stated
by the by the ERAL DI e detoch Stote De ANT: If H		22d. PHYSICIAN'S NAME (TYPE OR		ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	12/27/81
070	230	BURIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF CEMETERY OR CREMATO	I CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	130-14-1 UNERAL DIRECTOR	Ramenell	30838 DI	111/1/100/ 12/00	TRAR'S SIGN TURE! W. V.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

11. NAME OF (IF NOT IN SITE OF THE RESTRICT OF	White F WHAT COUNTRY? SA F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET AL NAVAL IN GIVE RESIDENCE BE FORE 13c. CITY OR TOW SILVER BRAIST 16b SOCIAL SECU 577-502	5. DATE OF MONTH FEE 8 MARRIED WIDOWED NG HOME OR ADDRESS! YEDICAL E ADMISSION! //N SPRINGS IFED JRITY NO. 11	BIRTH BIRTH BIRTH BAY NEVER DOTHER INS CENT 3d INSIDE C	CITY LIMITS? NO S MAIDEN NAI FIRST LTLLIAN ANT	6. AGE INYEARS LAST BH 12 9 BALTIMORE CITY C MON' 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C NAVAL OFF 13e. STREET ADDRESS 1111 UNIV	YRS, INTERPRETARY OF THE PROPERTY OF THE PROPE	OF DEATH Y 12b. KIND C INDUSTRY U.S. BLVD.	NAVY APT LOS
ARACE 11. NAME OF (IF NOT IN SI NATION, OME OF OTHER INSTITUTIO COUNTY ONTGOMERY MIDDLE ARENCE S. ARMED FORCES? ES. GIVE WAR OR DATES) DS—1751 Her only one couse produced by	White F WHAT COUNTRY? A F HOSPITAL, NURSIN BCH FACILITY, GIVE STREET AL NAVAL NAVAL 136. CITY OR TOW SILVER BRAIS 166. SOCIAL SECU 577-502	5. DATE OF MONTH FEE 8 MARRIED WIDOWED NG HOME OR ADDRESS! YEDICAL E ADMISSION! //N SPRINGS IFED JRITY NO. 11	BIRTH B 12 NEVER OTHER INS CENT 3d INSIDE (VEXT 5 MOTHER 7 INFORMA	MARRIED DIVORCED DIVORCED DIVIDION TER CITY LIMITS? NO DIVIDION NAI FIRST LILIAN ANT	6. AGE (INYEARS LAST BHE THE TOTAL OF T	YRS, INTERPRETATION OF WORKING LIFE TO THE PROPERTY OF THE PRO	OF DEATH Y 12b. KIND C INDUSTRY U.S.	IF UNDER 24 HRS. HOUPS MIN. MI DF BUSINESS OR NAVY APT LOS HIPPS
7b. CITIZEN OU 111. NAME OF (IF NOT IN SI NATION) OME OR OTHER INSTITUTIO COUNTY ONT GOMERY MIDDLE ARENCE S. ARMED FORCES? ES. GIVE WAR OR DATES) 15-1751 AUSED BY	F WHAT COUNTRY? SA FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET AL NAVAL OR 13c. CITY OR TOW SILVER S BRAIST 16b SOCIAL SECU 577-502	MONTH FEE 8 MARRIED WIDOWED IG HOME OR ADDRESS) WEDDICAL E ADMISSION IN SPRINGS I I I I I I I I I I I I I I I I I I I	NEVER DO OTHER INS	MARRIED DIVORCED DIVORCED DIVIDION TER CITY LIMITS? NO DIVIDION NAI FIRST LILIAN ANT	9 BALTIMORE CITY OF MON' 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NAVAL OFF) 130. STREET ADDRESS 1111 UNIV	YRS. ILL DR COUNTY OF TGOMER' ION DF WORKING LIFE ICER ERSITY DRD ESS	OF DEATH Y 12b. KIND C INDUSTRY U.S. BLVD.	PAPT LOS
MATION MATION MATION ME OR OTHER INSTITUTIO COUNTY ONTGOMERY MIDDLE ARENCE S. ARMED FORCES? S. GIVE WAR OR DATES) DS—1751 Mer only one couse property	SA F HOSPITAL, NURSIN DUCH FACILITY, GIVE STREET AL NAVAL NO GIVE RESIDENCE BEFORE 13c. CITY OR TOW SILVER BRAIS 16b SOCIAL SECU	MARRIED WIDOWED VIG HOME OR ADDRESS) MEDICAL E ADMISSION) IN I SPRINGS	DOTHER INS CENT 3d INSIDE (YES) 5 MOTHER 7 INFORMA	MARRIED DIVORCED DIVORCED DISTITUTION TER CITY LIMITS? NO DIVIDING MAIDEN NAI FIRST LILIAN ANT	MON' 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NAVAL OFF) 13e. STREET ADDRESS 1111 UNIV	TGOMERY TGOMERY TON OF WORKING LIFE TCER ERSITY ORD	OF DEATH Y 12b. KIND C INDUSTRY U.S. BLVD.	NAVY APT 105 HIPPS
MATION MATION MATION ME OR OTHER INSTITUTIO COUNTY ONTGOMERY MIDDLE ARENCE S. ARMED FORCES? ES. GIVE WAR OR DATES) DS—1751 Her only one couse praused by the course praudice of the course praused by the course practice	NAVAL	ADDRESS) MEDICAL ADMISSION J N SPRINGS I I I I I I I I I I I I I	CENT 3d INSIDE (VEXT) 5 MOTHER 7 INFORMA	CITY LIMITS? NO S MAIDEN NAI FIRST LTLLIAN ANT	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O NAVAL OFF 13e. STREET ADDRESS 1111 UNIV ME MIDDLE ADDRE	ON DE WORKING LIFE) ICER ERSITY ORD	II2b. KIND CINDUSTRY U.S. BLVD.	NAVY APT 105 HIPPS
MIDDLE ARENCE S. ARMED FORCES? ES, GIVE WAR OR DATES) D5-1751 Ter only one couse praused by	BRAIST 166 SOCIAL SECU	SPRINGS I FED URITY NO. 11 794	MOTHER	NO TO SMAIDEN NA FIRST LILLIAN	ME MULF	ORD	LAS Pl	HIPPS
ARENCE S. ARMED FORCES? ES, GIVE WAR OR DATES) D5—1751 Ter only one couse praused by	BRAIS7	TED JRITY NO. 11 794 6	7 INFORMA	LILLIAN ANT	N MULF	ESS	Pl	ZAAIH
es, GIVE WAR OR DATES) 15-1751 ter only one couse pouse by AUSED BY	577-502	794 L					APT 1.f	75 STI SE
th (b)_	OR AS A CONSEQUE	ENCE OF	IO PU		יאט ענענע טאט. FAILURE	IV. W.		DASE INTERVAL ONSEI AND DEATH
					200 AUTOPSY? YES ☑ NO□	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED
OF DEATH HOUR A	A.M. MONTH DA P.M. E OF INJURY	AY YEAR	III LOCATIO	ION	RED (ENTER NATURE OF INJU		RTT OR PART 2)	STATE
	the (b)_te he DUE TO, (c)_ANT CONDITIONS (C)_ANT CO	th te to the te	Ch te to the control of the control	th te to the to the total transfer of the to	th te the state of the term of the te	The department of the deceased from DEC 18 DUE TO, OR AS A CONSEQUENCE OF (c) (c) (d) (d) (e) (e) (e) (e) (e) (e	The terminal disease or condition give to the terminal disease or condition give the terminal disease	The terminal disease or condition given in part 10 to the terminal disease or condition given given gi

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is

730 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236 DATE

SMALL . M.D.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

NNMC - BETHESDA -

COUNTY

Burial Dec. 29,1981 Arlington Nat'l FUNERAL DIRECTOR Jos. Gawler's Sons, Inc. 5130 Wisconsin Avenue, N.W. Washington, D.C. Cem. Ft. Myer 250 DATE REC'D. BY REGISTRAR 256, DEC 29 1981

STATE

Here of the state of the state

ADDRESS

Balto., Md

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Anatomy Board

DHMH - 16 50M 1/8

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

nous

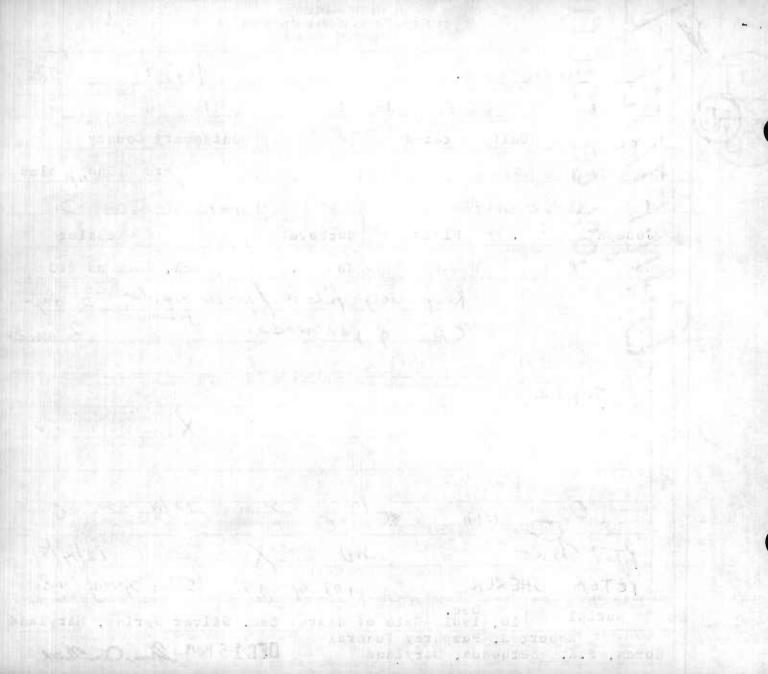
dans relate 1000 malera review William Towns County County County County County Co. Anatomy Board Laite., Md.

Bethesda, Maryland

- STATE

Homes, P.A.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Homes, P.A., Bethesda, Maryland

STATE OF MARYLAND

dell is this to Allega de la companya Betherda, M. Juliarlan Horge. tan . Lienze V. God TRIC . Tyr senigas , byks mannatany fine vest-er - VVhad the thing to be a some of the second of The state of the s No. 1. 1. Dept. of the Control of th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the tishould be detached for use as the burnol-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather troumotic event, the

	FOR STATE REGISTI
	1. DECEASED N
1	3. SEX
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а	To DIDTHOLACE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

*		REG.	NO.	
ATE	OF	DEATH	MONTH	Ī
_				

-4		REGISTRAR					REG	NO.		
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	H MONTH	DAY YEAR	2h HOUR
	(TYPE	Catherin	ne F	3	Br	onaugh	Dec.	27	1981	8:19A _M
	3. SE)	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAS	I BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female	Whit		Apr		92	YRS		HOURS MIN.
1	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
And No.		Maryland	U.S.		WIDOWE	DIVORCED [Montgo			MD,
0	В	or town of death Bethesda	6310	Blackwoo	d Roa	or other institution	120 USUAL OCCUP (TYPE OF WORK FOR MC) Homema	ST OF WORKING	GUFE) INDUSTRY	Home
5	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN Montg	TY	Bethesd	4	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRES		Road	
-	14 FA	ATHER'S NAME				15. MOTHER'S MAIDEN NAM				
C	J		H.	Reeder		Mary	C.	E	High	ges
		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMANT	AD	DRESS		
		No	WAR OR DATES)	577-20-1	059	Alfted T Bro	naugh. Sa	me as	item 13.	
		18 CAUSE OF DEATH (Enter on	y ane cause per	line for (a), (b), and	Ires					MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: E CAUSE (a)	CARCINOM	IA OF	THE PADREA	il		4	HONTHS
	03	1579	Maria Company							,,,,,
	100	Conditions if you hill	DUE TO, O	R AS A CONSEQUE	NCE OF				(6)	
Н		Conditions, if ony, which gave rise to immediate	(b)							
		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF				- II	
	31		(c)						1	
	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR C	ONDITION G	GIVEN IN PART 10	0'
73	CERTIFICATION	190 DATE OF OPERATION	19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	120h JE Y	res, were finding	VGS LISED
7	FIC							IN CERT	TIFYING CAUSES	OF DEATH?
-	ERT	21m. ACCIDENT WAS UNDERLYING	21b. TIME O	S IN HIDV		1216 HOW IN HIRV OCCUPRE	YES NO	_	YES [NO 🗌
1		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF	NJURY IN ITEM 1	8 PART T OR PART 2)	
	2	(IF EITHER NOTIFY MEDICAL EXAMINER			19					
	MEDICAL	21d INJURY OCCURRED	(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
٠		AT WORK AT WORK	47							
		22a.1 certify that (1) (this haspit	al) attended the		6/5/	. 19 81		٥	. 19_81	that (I) (we) last
	10	sow the deceased alive on abave, (1) (we)(did) (did not	view the body		7, or	nd that in (my) (our) opinion d	leath occurred on th	e date and h	aur and from the	couses stated
	100	226. SIGNATURE	(//	10		DEGREE			22c DATE	
	J.	Nines:	Xale	-1112		ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [121	27/8/
h			RPRINTI		111	22e ADDRESS				
		LEWIS C.	LIPSOK			5530 WISC	ONSIN AV	E, CHE	VY CHASE	-, MD
	23a B	BURIAL, CREMATION, REMOVAL	23h DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	12/30/	1981 Ft.	Line	coln Cemetery	Brentw		Marylan	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Burial 12/30/1981 Ft. Lincoln Cemetery II

4 FUNERAL DIRECTOR Joseph Gawler's Sons Inc.

5130 Wisc. Ave., N.W. Wash., D.C.

DEC 29

Brentwood Maryland. BY REGISTRAR MAREGISTRAR'S SICHALURE 1981

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te steel	eres (see pojecte)	67.34		200	1 Lenu
· r. It;	Secretary A	ymaverka ilo M	on Inc.	1.7	l ±~u , i (∵)

1.	FOR STATE REGISTRAR		M	DEPARTMI	ENT OF HEA		ENTAL H		É	3 2	5 8	
1.0	ECEASED NAM	ME FIRST		WIDDLE	MIIIITER	LAST	CAILO	Zo. DA	REG. NO		Y YEAR	75 HOUR
{T	YPE OR PRINT)	Ros	2	Anne		Brooks		0		- /		
3. S	X	4. RACE	5. DATE OF BIRT		AGE (IN YEARS		IF UNDER		ATE	12/23	19 OL	2d HOLL
	emale	Black	Jan. 2,	YEAR		ONTHS DAYS	HOURS	MIN. PRONC	DUNCED	12/23	1981	12:50
7a.	BIRTHPLACE	STATE OR	76 CITIZEN OF	WHAT COUNTR	Y2 IR			9 BAL	TIMORE CITY O			F. N
	OREIGN COUNTRY	-	U.S.		M	ARRIED NE	EVER MARRI DIVORC	ED L	ntgomer	_		
1D. (ITY OR TOWN		11. NAME OF HO	OSPITAL, NURSI	NG HOME, OR			12a. USUAL OC	CUPATION (TYP	E OF WORK 12h	KIND OF BU	USINESS
S	andy St	nring	1 8501	Brook R	oad			FOR MOST OF	working (IFE)		None None	TRY
USI	AL RESIDENC	E (IF IN NURSING HO	ME OR OTHER INSTITUTION,	GIVE RESIDENCE BEF	ORE ADMISSION)	har week				<u> </u>		
	state aryland	136 CC	ntgomery	Sandy	Spring	13d. INSIDE	NO [130 STREET AD	press rook Ro	ad		
_	ATHER'S NAM					15 MOTH	IER'S MAIDE					
	FIRST Ric	chard	MIDDLE	Butler			FIRST Elig	abeth	WIDDLE	Brisc	LAST	
60.		ED EVER IN U.S.	ARMED FORCES?		L SECURITY NO	17. INFOR	MANT	averi	ADDRESS	5		
	NO OR UNKN	(IF YES,	GIVE WAR OR DATES)	217-	12-7651	Mrs	Vim	inia Web	ster 52	2 Samer	set I	21.N.W
_	18 CAUSE	OF DEATH (Ente	r only one couse per li			1 44 57	viig.	THE VICE	Va	shingto	APPROXIMAT	ENTERVAL
	PARTIC	DEATH WAS CAL	ISED BY.	cute my		l disea	.se			81	ETWEEN ONSE	ET AND DEATH
	140	29/		OR AS A CONSE						DEL		
		ons, if ony, wh		generali	zed art	erioscl	erosis	s.				
	couse (o) stoting the une	(0)	R AS A CONSE							414-	
	lying co	ouse lost.	(c)		L.K.			- 11				
	PART 2 OTNER	SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAT	IN BUT NOT RELATED	TO THE TERMINAL D	SEASE OR CONDITIO	ON GIVEN IN PAI	RT 1 (a).				
O			None	ELLS"								
CERTIFICATION	19a DATE C	F OPERATION	196 CON	DITION FOR WH	IICH OPERATIO	N WAS PERFOR	RMED?			20	AUTOPSY	?
TIFK	None		125								YES	NO
	LIN ID CDIVIN	AL CAUSE WAS		OF INJURY .M. MONTH D	AY YEAR 21	c HOW INJURY	Y OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM 18	PART 1 OR PART 2)	11/1	
CAL	CONTRIBUT	TING CAUSE	OF DEATH P.	.M.	19		None	е				
MEDICAL	21d. INJURY WHILE	OCCURRED		E OF INJURY (AT HOME. 211	LOCATION		CITY OF	TOWN	COUNTY		STATE
2	AT WORK	NOT WHILE						CITO		COUNTY		SIAIE
	22a I cer	tify that I took ch	narge of the remains d	escribed obove.	held on A	otopsy .	Inspection	n Inqui	iry 😧 , on	nd in my opinion	1	
	death resu	,	etoral couses X.	Accedent	Suicid	Homi		Undetermined				
			115	1/			SPECIFY)					
	SIGNATURE	16	Va f	/	Age.	M.D. De	puty	MEDICAL EX	AMINER	DATE SIGNED 1	2/24/	81
-		1		(7	>	1919	Seminary	Road			
1	(TYPE OR PR	NAME J	ohn S. Rog	gers, M.	D.	ADDRESS_	Silve	r Spring	, Montg	omery,	Md.	
23a.	BURIAL, CREM.	ATION, REMOVA	AL 236. DATE	23c. NA/	ME OF CEMETER	Y OR CREMAT	ORY	23d. LOCATIO	N	COUNTY	S	TATE
	Burial		12-29-8	L	incoln M	iemoria	1 Com	Suit1	and	O M	do	
24	FUNERAL DIRE		O A CADDRE				250. DATE	REC'D. BY REGIS	TRAR ZSb	STRATE LIGHT	A CLEAR	
	George	R. Snow	vden 246 N	Washii	ngton St	-	שני	C 2 9 13	01	30		
			VALUE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								

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12	FOR STATE		STATE OF MARYLAND LENT OF HEALTH AND MENTAL		2 3 3 2
	REGISTRAR		XAMINER'S CERTIFICATE	NEO. ITO.	
	1. DECEASED NAME	FIRST MIDDLE	LAST	20. DATE KNOWN X	NONTH DAY YEAR 26. HOUR
Sec. Sec.	RAY	MOND O	BROWN	DEATH MATED	12 19 19 81 7:38
() ()	3. SEX 4 RACE	S. DATE OF BIRTH	AGE (IN YEARS IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE MG	ONTH DAY YEAR 24 HOWR
6856	MU	V 5AN 26-26	YRS.		12 19 19 81 87:38
NA SEE	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? B MARRIED NEVER MAI	RRIED 9. BALTIMORE CITY OR C	OUNTY OF DEATH
PUNE S. FUNE S. FUNE TOWN	ILLINOIS	U-5.A	WIDOWED DIVO	11011030111013	MD.
오픈 # 뭐 ~~	10. CITY OR TOWN OF DEAT	H 11. NAME OF HOSPITAL, NURS	SING HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF A	WORK 126 KIND OF BUSINESS OR INDUSTRY
DELAY N PAG S 20 S F FIL	Tak Ma	Ne Wash, 19	drent Hour	OWNER-DRIVER-	TRUCKING
	USUAL RESIDENCE (IF IN NURS	ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) OR, TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	, ,
21201 AND AND AND AND AND AND AND AND AND AND	Md	Monte Di	YES NO	x 1/6/2 MICH	hale ct.
MTH. IF NO. 31, 2, PM. 3, 1, 2, PM. 3, 1, 2, M.	14. FATHER'S NAME	/ MIDDLE	15. MOTHER'S MAI	DEN NAME MIDDLE	LACT
DEATH DEATH M PM AND 2	HAPLAN	BA	ZOWN GLA		RAABUS
	160. WAS DECEASED EVER II	N U.S. ARMED FORCES? 16b. SOCIA	AL SECURITY NO. 17. INFORMANT	ADDRESS	· (nis-c
BALTIMARS AFTER 3. GIVE PA WITH FOR C. PAGES 1	(TES, NO, OR GARNOWN)	543	-20-4578 MERRILY.	N L. BROWN	
	18 CAUSE OF DEATH	(Enter anly one cause per line far (o), (b),	and (c).)		APPROXIMATE INTERVAL
TON ST., 24 HOUR ITEM 18. ICONG W PERMIT. GIENE, D	PART I DEATH WA	S CAUSED BY:	ite Myocas	11/2/12/12/15	BETWEEN ONSET AND DEATH
STO N 17 PE NOVA II PE	14211	DUE TO, OR AS A CONS	EQUENCE OF	1	
V. PRES: WITHIN NCIL IN AINER A AINER A TRANSII VIAL HY	Canditians, if ar		LIE MYDCAN	dial bus.	Vir.
OI W. PRE TED WITHI N PENCIL N PARINER AL-TRANTAL N, OR REA	cause (a) stating t		EQUENCE OF		7.01
ECUTED ST. IN PER ST.	lying couse last.	(6)			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART L (o)	
RECORDS TD BE EXERPENDING PENDING ANDICAL AND AS A BLA FEALTH AN CREMATI		enti			
ITAL RECORI HOULD BE EN SENDING CHIEF MEDIC USED AS A E OF HEATH!	190. DATE OF OPERAT	ION 196. CONDITION FOR W	HICH OPERATION WAS PERFORMED?	· · · · · · · · · · · · · · · · · · ·	20. AUTOPSY?
A SOUNT NEW YORK	I NX	ne			YES NO NO
NE S MENTE S MENTE S	210. EXTERNAL CAUSE	110110 4 14	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
NO THE OUT THE NAME OF THE OWNER OF THE OWNER OF THE OWNER O		R HOUR A.M. MONTH (DAY YEAR		
ING SH	CONTRIBUTING C.	D 21e PLACE OF INJURY	(AT HOME, 21f. LOCATION		
DIN ORDER	WHILE NOT W	WHILE STREET, FACTORY, FARM, ETC	STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL REC NAME: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "FEN FE FORWARDED TO THE CHIEF MA TOR: PAGE 3 SHOULD BE USED AS 1 THE STATE DEPARTMENT OF HEAL CAND, 21201 PRIQR TO BURIAL, GE				lian E. Inquiry . and in	
AN A HE AN A H		aak charge af the remains described above			my apinian
RTIF REC	death resulted fram:	Natural causes . Accident L	, Suicide, Hamicide	Undetermined monner,	
A STOCK A	ACTUAL	e 105	TITLE (SPECIFY)		DATE 1 19 16 41
SEATE SET	SIGNATU	10	M.D. A.D.	MEDICAL EXAMINER	SIGNERALETY
WED OF THE PROPERTY OF THE PRO	(TYPE OR PRINT)		ADDRESS		
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYTAND, 2		MOVAL 23b. DATE 23a NA	AME OF CEMETERY OR CREMATORY	23d LOCATION A	
	Buriet	Wec 27,198 1	rese Werkenster Cimel	Te Collabor 1	PD MI
BP	24 FUNERAL DIRECTOR	(0,0. A) . 10.	Pile DAT	ELECTO BY REPOSTRAR TISM POGISTR	Ma Distribution
DHMH - 17 (VR A 15 ME (5))	THE POWE FIRES - 1	Home O allelation TIVI	wall No No 12	CC 2 3 1981 / 1981	The state of the s
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	PEG NO					

REGISTRAR		CERTII	TICATE OF DEATH	REG. NO.		
1. DECEASED NAME	FIRST	WIDDLE	LAST	20 DATE OF DEATH MON		25 HOUR
	Vivian		Brown	December 6		12:20
3 SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONINS DAYS	IF UNDER 24 HRS
Female	Whit	e 08	/02/1913 EAR	68	YRS	NOOM1 MIN
To. BIRTHPLACE (STATE)	OR FOREIGN 76 CITIZEN	DE WHAT COUNTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
Il	USA USA	WIDOW		Montgomery	7	MI
10 CITY OR TOWN OF D		OF HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	125. KIND C	OF BUSINESS OF
Bethesda		Such Facility, Give Street address)	er, NIH	Homemake:		ome
USUAL RESIDENCE (IF NI		ON GIVE RESIDENCE BEFORE ADMISSION)				Ome
D.C.	None	Washington	DCX NO [4100 Cathe	dral Ave	., NW
14 FATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NA			
David	I.	Bauer	Ida	WIDDLE	Gol	d
160 WAS DECEASED EV	R IN U.S. ARMED FORCES	? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	350-07-7479	Weir M. Br	own, husban	nd same	# 13
IR CAUSE OF DE	ATH (Enter only one course	per fine for (a), (b), and (c)			APPROX	IMATE INTERVAL ONSET AND DEATH
PART I. DEATH	WAS CAUSED BY:		00001100 73	m		ONSET AND DEATH
Fine	IMMEDIATE CAUSE (o),	DIFFUSE HEM	ORRHAGE IN	THE LUMEN A	MD	
13789	DUE TO	OR AS A CONSEQUENCE OF				
Conditions, if a	ny, which (th)	SUBMUCOSA O	E THE ESOPH	ACO-CASTRO-		
gove rise to i	mmediote			AGO GADIRO	THE STATE OF THE S	
couse to , sta underlying cou		OR AS A CONSEQUENCE OF				
	(c).	INTESTINAL	TRACT			
PART 2 OTHER S	SHIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1	0
WE GNE	RS GRANULO	MATOSIS				
M 198 DATE OF OPER		DITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	IF YES, WERE FINDE	NGS USED
Ē				YES TO NOT	CERTIFYING CAUSES	NO []
21a ACCIDENT WAS E	INDERLYING 216. TIME	OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN		140
OR CONTRIBUTING	J CHOSE OF DEATH	A.M. MONTH DAY YEAR		There are on the out the	THE THE PERSON OF THE PERSON O	
(IF EITHER NOTIFY M		P.M, 19				
	(AT HOME	STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
AT WORK AT	WHILE WORK					
220 I certify that	(Xthis hospital) attended	the deceased from 20 0c	tober 1981	to 6 Decemb	er 81	that (X/we) las
sow the dece	(IX) this hospitol) oftended osed olive on 6 Dec	emper 1981	nd that in (my) (our) opinion	deoth occurred on the date o		couses stated
obove, X (we	(did) XX XnX view the bo	dy after deoth				
226 SIGNATUR	· · · ·	11 .	DEGREE	MEDICAL CTAFF	22c. DATE	1
1200	ーし、ひん	oku my	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1 12/	07181
22d. PHYSICIAN'S	The same of the sa		22e ADDRESSThe	Clinical Cer	ter Nat	ional
113811	2011, 2 W3	SKIN MD	Inetitutes	of Health,	Rathard	a Md
70,5/11					Decliesa	a, Hu
13a BURIAL, CREMATION			EMETERY ORX NEXXXXXX	23d LOCATION CITY OR TOWN	COUNTY	STATE
Burial	NECES.	12/8/81 Wash.	Hebrew Cong.	Wash . D.C	•	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR After this certificate has been

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisc. Ave. N.W. Wash., D.C. 250 Date RECD. BY REGISTRAR 758 REGISTRAR'S SIGNATURE DEC. 1 1 1981 Pances San Kathen

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Low a March 1 - That 2 March N

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRA	.R			CERTIF	ICATE OF DEATH		REG. NO	D.			
	1 DECEASED NA	ME FIRST		WIDDLE	L	AST	20	DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR	
	(··· L Oa / a.i.i.)	Franc	ces	Melvina	ı B	urdette	I	ecember 2	, 198	1	9:20A	M
	3 SEX	emale	white		NOV.	13, 1909 TEAR	6. A	72		IF UNDER 1 YEAR	HOURS I	MIN
5	OUNTRY)	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	D NEVER MARRIED		Montgomery		OF DEATH		MD.
9	Olney		Montgo	mery Gen	eral H	ROTHER INSTITUTION Hospital	120	USUAL OCCUPATION PE OF WORK FOR MOST OF Labor	NC		ory	SOR
5	Maryl			Olney		13d. INSIDE CITY LIMITS YES NO		SIREEJ ADDRESS 1	ney–La	aytonsv	ille !	Rd.
0	Benja	min Frank	lin I	Burdette		15 MOTHER'S MAIDEN Amanda		Melvina		ellison	ST L	
	(YES, NO OR UN	SED EVER IN U.S. AF (NOWN) (IF YES, GIV	RMED FORCES? E WAR OR OATES)	217-36-		Jessie G.	Eck	hardt We		n, Md.	by.	
7	gave ris cause underlyin PART 2 O		(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TE		l disease or con(200 autopsy?	20b IF YES	EN IN PART 1 5, WERE FIND YING CAUSE	NGS USED	1?
1	21- 400105	NT WAS HARDERIVING. F	7 11h TIME C	E INTITION		11: HOW INTERVOCE		YES NOT		S 🗍	№ □	
	OR CONTRIE OF CHEER N. WEDGE OF CHEER N. WHILE AT WORK SOW 1 SOW 1 SOW 2	NT WAS UNDERLYING UTING AUSE OF DE OTIEP MEDICAL EXAMINER Y OCCURRED NOT WHILE AT WORK TY THAT WITH IN HOSP HE OTIEP MEDICAL EXAMINER OF THE OTIEP MEDICAL EXAMINER OF THE OTIPE OTIPE OTIPE OF THE OTIPE OF THE OTIPE OF THE OTIPE OF THE OTIPE	21e. PLACE (AT HOME, ST) ital) attended the 22 st. view the body DR PRINT)	M. MONTH [M. OF INJURY REET, FACTORY, OFFICE de deceosed from 19 after death.	18 200	18111 Prin	nion deat	to	ote and hour	r and from the	SIGNED	e) last
		MATION, REMOVAL Irial	Dec.5	,1981	Dama			OD. BY FEGSTRAR		Mont.	Md. STATE	
	FR ANCT	BARBE	ER. T.AY	TONSVIELL	E. MD	20879	JE L	D. BI TOR IKAR	Merch		1000	-

DHMH - 16 60M 1/75 (VR A 15 (4))

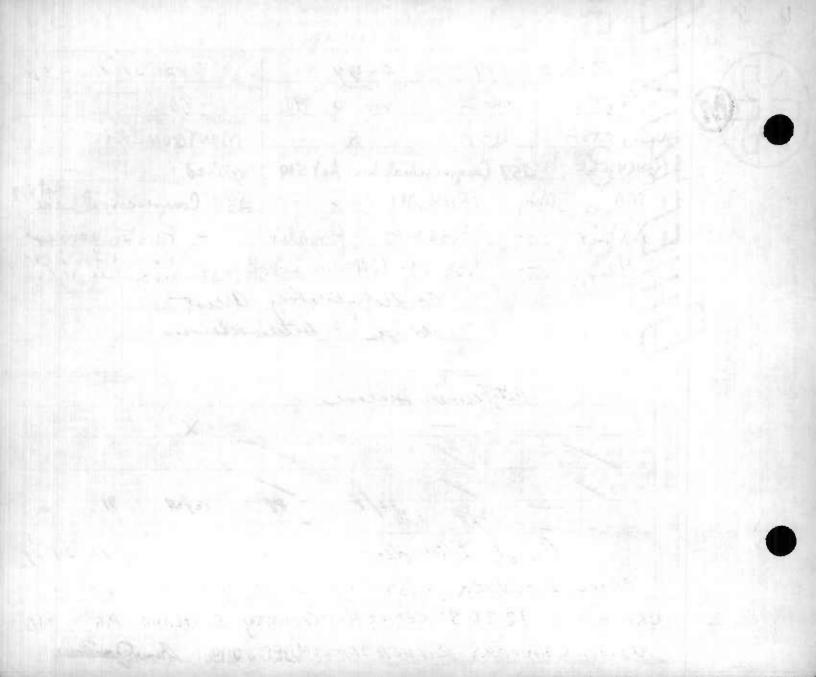
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN | (TYPE OR PRINT) OF DEATH MATED X Elsie Draper 19 81 P. M Burgan 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 19 8] White emale CARTHULACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) DIVORCED WIDOWED Montgomery County Maryland II, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 16th Street, #210 Silver Spring Housewife 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13c. CITY OR TOWN Maryland Montgomery Silver Spring 8306 - 16th Street, #210 NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Walter Draper Laura Wood 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT DIVISION Krama Ct. (YES, NO. OR UNKNOWN) Unobtainable Dr. Gordon P. Bakerglen Burnie No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Years chronic myocardial disease. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION None 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL None YES NO X 210 EXTERNAL CAUSE WAS 16. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH None 21e. PLACE OF INJURY (ATHOME. If LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my opinian Inspection Natural causes X Accident Hamicide Undetermined manner TITLE (SPECIFY) 12/6/81 MEDICAL EXAMINER SIGNATURE 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery, Md. 230.BURIAL, CREMATION, REMOVAL 236. DATE Cremation 12/10/81 Metropolitan Crematory Al **DHMH-17** (VR A15 ME (51) Warner E. Pumphrey, Inc. Sil. Spr., Md. 15M 7/76

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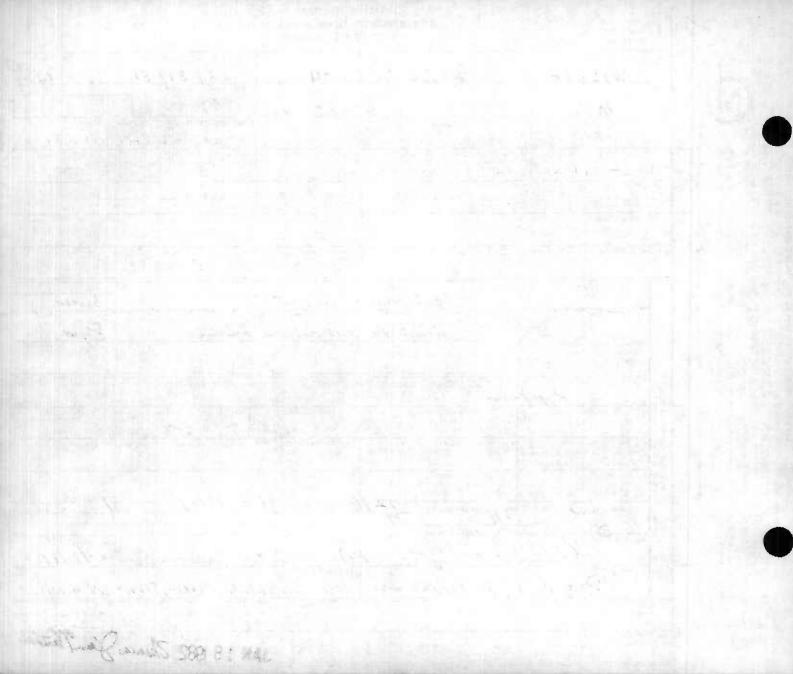
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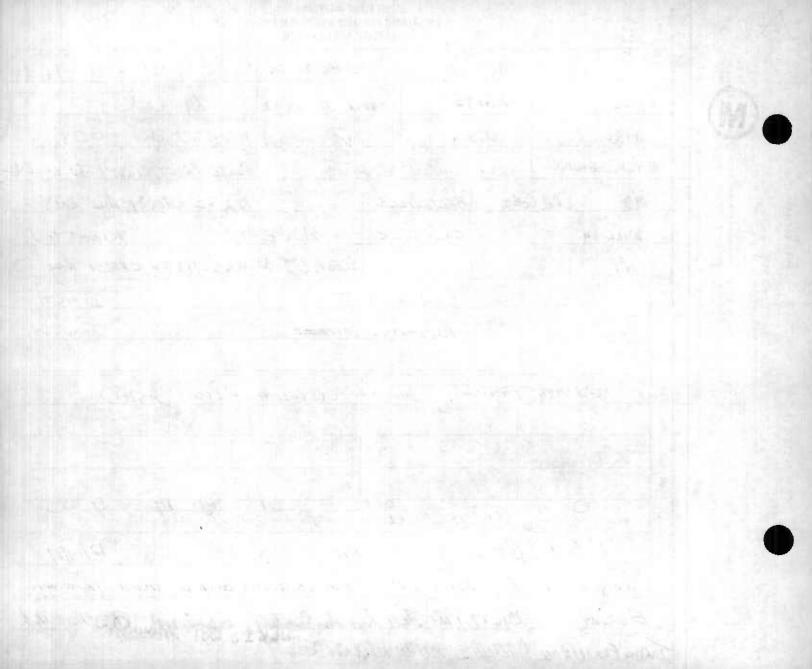
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE OF DEATH 7h HOUR ZAM 4 RACE 6 AGE (IN YEARS LAST BIRTADAY) IF UNDER I YEAR YEAR Black Nale 22 To BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED South Carolina U.S.A. MONTGOMERY COUNT WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS None TYPE OF WORK FOR MOST OF WORKING LIFE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Engineer Montgomery Wheaton 13d. INSIDE CITY LIMITS? 3406Embry Street Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Asalee Roundtree 17 INFORMAND I / Harvard ALBRESS NW; Wash DC 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Pauline Thomas Calhoun (wife) No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY arelionmula week IMMEDIATE CAUSE (a heisersty Conditions, if ony, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED b 28a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? he burial-transit pend Mental Hygiene NOL YES T NO T 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINERS P.M 19 5 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM ETC) STATE NOT WHILE 220.1 certify thou (this hospital) attended the deceased fram 51 saw the deceased almost 730 abave (we) (did) (did not) liew the bady after death. and that in(my) our) opinian death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto with the State [17d PHYSICIAN'S NAME (THE 22e ADDRESS IMPORTA ROSEMBERG, mo UMUSISIT BLIDE, SILVER SPER, MID. 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Washington National Suffland, P.G. Co, Maryland 1/6/82 Burial JAN 18 1982 Chines Funeral Home 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 3831 Ga. Ave NW; Wash.DC (VRA 15, 4)



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STATE OF MARYLAND



STATE OF MARYLAND

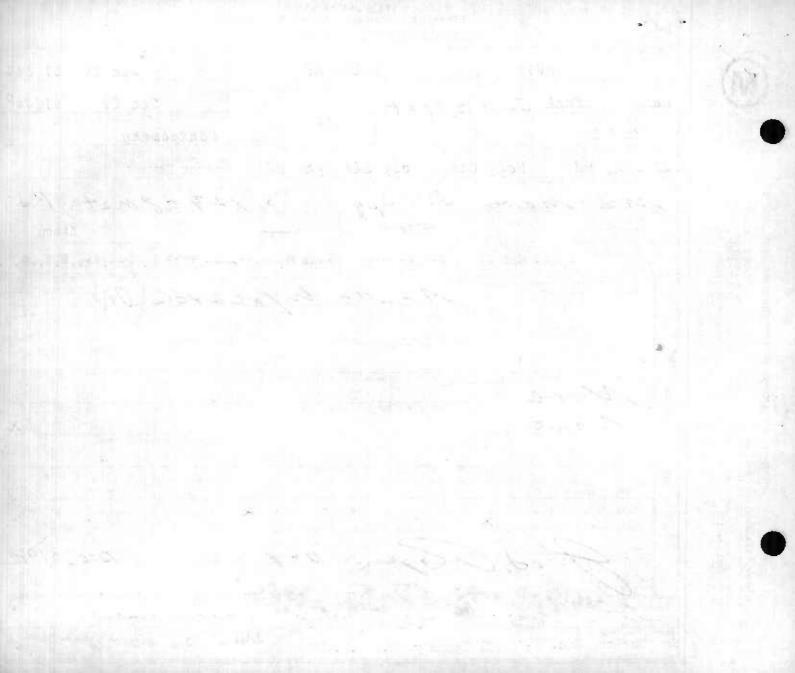
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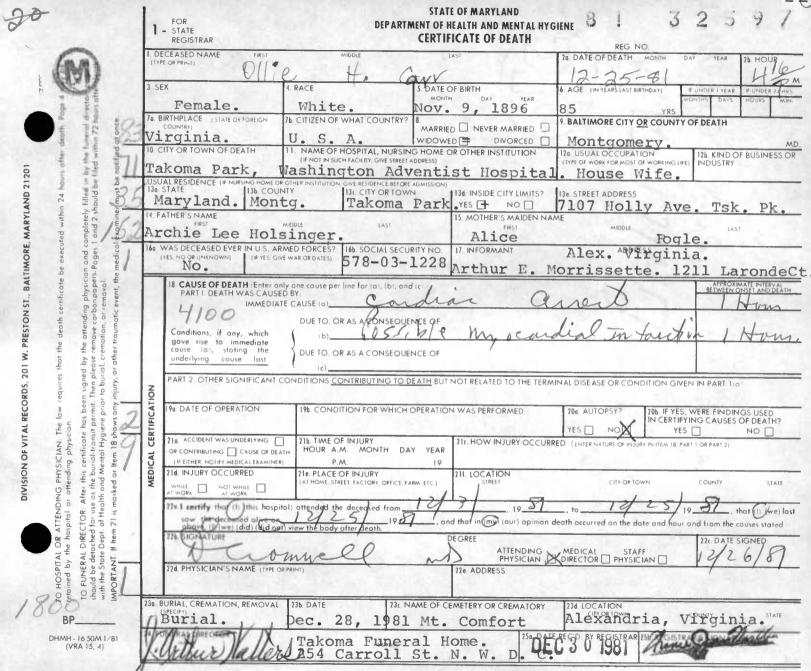


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE KNOWN DE MONTH (TYPE OR PRINT) ESTI-DAVID CALLOWAY DEATH MATED Dec 19 8 1 4. RACE 3. SEX 6 AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) MONTH PRONOUNCED black male 1981 DEAD Dec 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA Montgomery WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Cross Md Foster Parent HOSD 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Frank MIDDLE Calloway Wilson Agnes GIVE PAC. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO, OR UNKNOWN) World War II Anna M. Calloway, 5929 E. Cap. St., S.E., D.C 579-14-5419 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMITOR HEALTH AND MENTAL HYGIENE, ony, which gove rise to immediate cause (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES NO DEPARTMENT 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION TO MEDICAL EXAMINER: THIS CEP EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY FARM FTC 1 STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 27a I certify that I taok charge of the remains described above, held on Autopsy Inspection ond in my opinion Natural couses Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** DATE 20030/98/ SIGNATURE 23a BURIAL COFM OF CEMPTERY OF CREATED 23d. LOCATION STATE 1/6/82 Suitland, Maryland Buria1 Washington National 24 FUNERAL DIRECTOR 750. DATE HEATA BY REGISTRAR 256 REGISTRAR'S GNATURE Sam Butler, Inc. c/o 716 Kennedy St., N.W., DC **DHMH-17** (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DO MONTH (TYPE OR PRINT) OF ESTI-June Perry Campbell 81 12/ 19 SEX 4. RACE 6. AGE (INYEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH DATE DAY LAST BIRTHDAY) PRONOUNCED Jun. 7, 1919 62 DEAD 81 Female White YRS 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED U.S.A. New York WIDOWED DIVORCED Montgomery County 2, AND 3 TO THE F. 3. RETAIN PAGE : 3. SHOULD BE FILED. II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 641 Sligo Avenue. Silver Spring Receptionist -Eve Dr. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring 641 Sligo Avenue, #306 YES [NO 1 AND 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, MIDDLE LAST MIDDLE Geneva Herbert Ryan Perry GIVE PAGES 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. DIVISION 1475 Bay Head Road (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES 579-10-9170 No William Eden Annapolis, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Acute myocardial disease JMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate (b) hypertension couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND ME AL, CREMATION, lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION None AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 1201 PRIOR TO BURIAL, C USED / 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES 🔲 NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH None 21e. PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE AT WORK COUNTY PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 212 X 220. I certify that I toak charge of the remains described above, held on Autopsy and in my opinian Inspection Inquiry death resulted from: Natural causes Accident Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER Seminary Road er Spring, Montgomery, EXAMINER'S NAME S. Rogers. M.D. John Silver 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Cremation Metropolitan Crematbry Alexandri 24 FUNERAL DIREC 250. DATE REC'D. BY REGISTRAR Box 7428 **DHMH-17** (VR A15 ME (5)) Pumphrey Inc Sil Spr 15M 2/80

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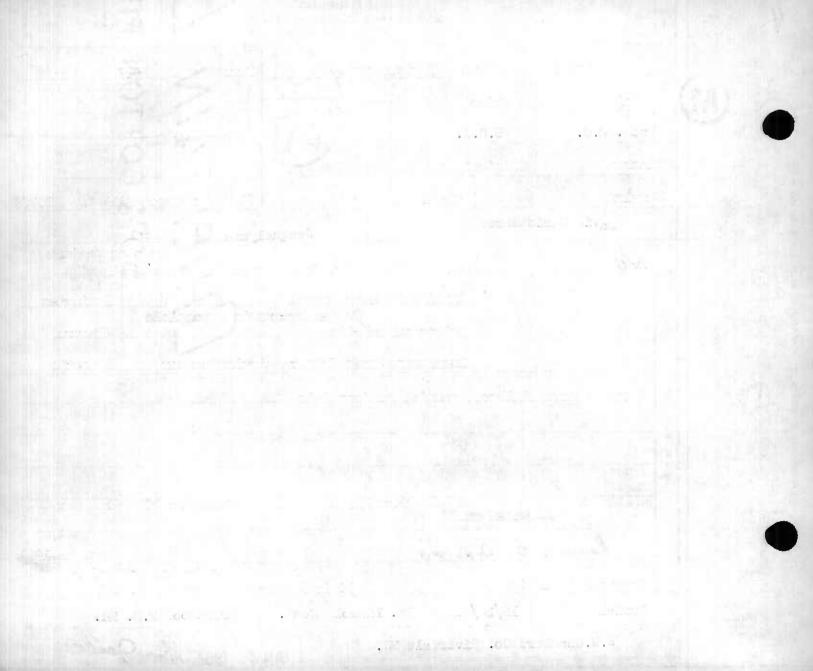
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN K 2a DATE (TYPE OR PRINT) ESTI-Truth Davis Chase DEATH MATED 8] 4. RACE 3 SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS IF UNDER 1 YR. DATE LAST BIRTHDAY) PRONOUNCED Sep. 3, DEAD Female White 1909 19 87 YRS Th. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 3. RETAIN PAGE 5 FOR 22 SHOULD BE FILED, WITH AL RECORDS, 201 W. PREST 9. BALTIMORE CITY OR COUNTY OF DEATH Maine MARRIED NEVER MARRIED USA WIDOWED & DIVORCED Montgomery County 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK II NAME OF HOSPITAL NURSING HOME 126. KIND OF BUSINESS OR INDUSTRY OR OTHER INSTITUTION Silver Spring 10000 Brunswick Avenue, Housewife own home ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 10000 Brunswick Avenue, #125 Maryland Montgomery Silver Spring YES XX NO ND 2 SF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, MIDDLE LAST AND Davis E. Moshier Mattie Page 160. WAS DECEASED EVER IN U.S. ARMED FORCES? PAGES 1 166 SOCIAL SECURITY NO ADDIO810 Blossom Lane, (cousin) DIVISION D12-05-8541D Frances N. Morehouse-Silver Spring, Md. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20 AUTOPSY? FORWARDED TO THE CH FORWARDED TO THE CH FOR PAGE 3 SHOULD BE U BUR None YES NOK E 3 SHOULD BE I 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY 71d IN JURY OCCURRED 21f LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FTC 1 STREET CITY OF TOWN COUNTY NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Inspection X Autopsy and in my apinian Natural causes Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL 12/28/81 Deputy SIGNATURE MEDICAL EXAMINER Seminary Road John S. Rogers Silver Spring, Montgomery, Md. ADDRESS 23d. LOCATION
CITY OF LOWN
Arlington 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Virginia 12-30-81 Arlington National BP 24 FUNERAL DIRECTOR 11800 N.H. Avenue, 250. DATE REC'D. BY REGISTRAR Himes/Rinaldi Funeral Home **DHMH-17** Silver Spring, Md. (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME a. DATE KNOWN James Chen (TYPE OR PRINT) ESTI-MIRS DEATH MATED IF UNDER 1 YR. 3. SEX 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS IF UNDER 24 HRS 20. DATE 43 YRS PRONOUNCED 26 Male Chinese July 1938 DEAD 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED China U.S.A. WIDOWED DIVORCED S1, 2, AND 3 TO INF.
PM 3. RETAIN PAGE 5.
ND 2 SHOULD BE FILED.
PAUJAL RECORDS, 201 W. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION oice of Amer. FOR MOST OF WORKING LIFE)
Broadcaster Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Bethesda Mont. 13d INSIDE CITY LIMITS? 6405 Crane Terr. YES SIVE PACE PM 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE AND DIE Chen Yung Juan Fu · cHwa 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 579-70-3427 Helen Chen Same as item 13 APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIEI IL, CREMATION, OR REMOVAL nsive Condio Vascalar Disease Canditions, if ony, which gave rise to immediate couse (a) stating the underlying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED AS HE CHIEF A SHOULD BE USED A E DEPARTMENT OF HEA 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO K 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CATE, WRITING THE W FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY 211 LOCATION 214 INJURY OCCURRED (AT HOME, STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: INIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John G Ball. 7936 Old Georgetown Road. Beth. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 1/4/1982 Cedar Hill Crematory Cremation Suitland Maryland, 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NAME 5130 Wisc. Ave., N.W. DHMH-17 Wash. D.C. (VR A15 ME (5)) 15M 2/80

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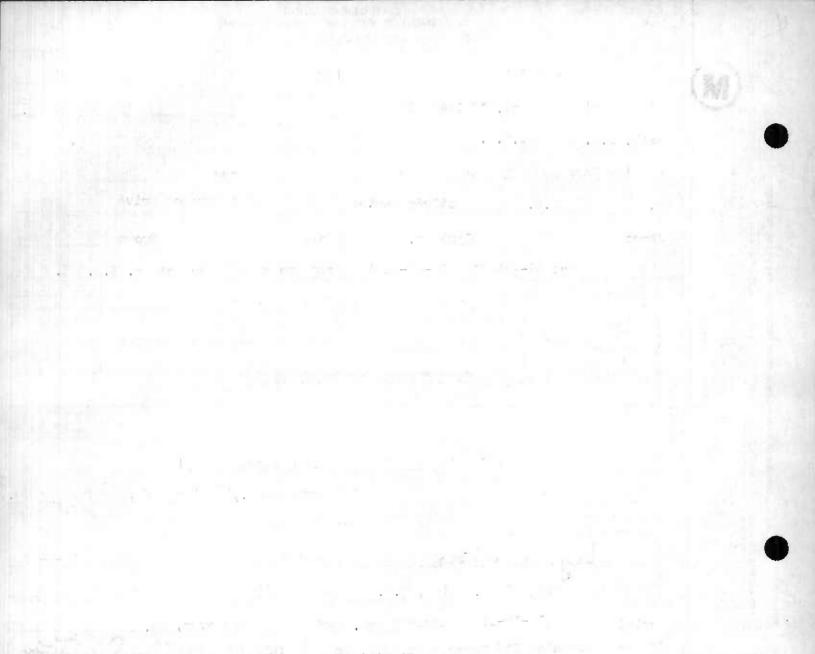
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



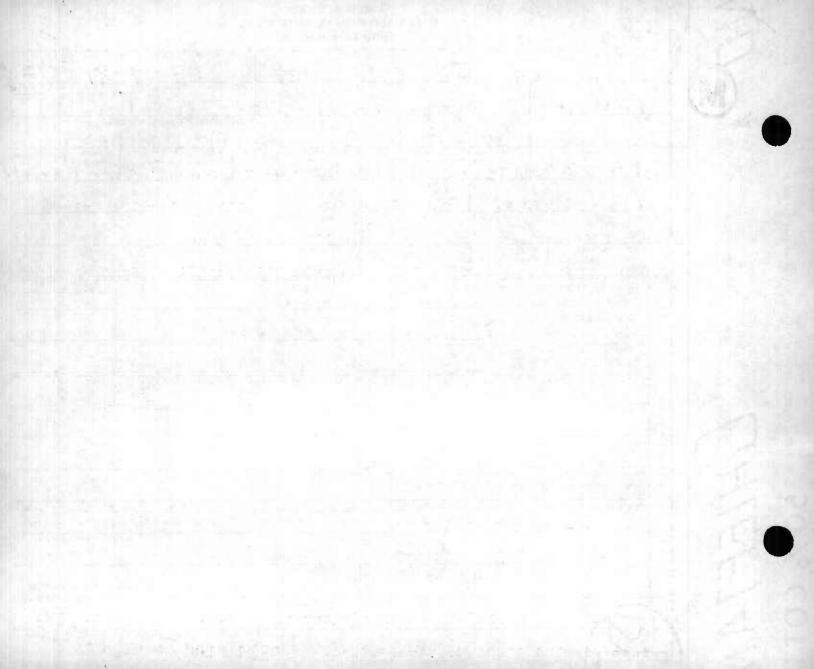
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) hillian 3 SEX 4 RACE 5. DATE OF BIRTH Black Female 1928 BALTIMORE CITY OR COUNTY OF DEATH South Carolina USA Montgomery O CHT AKOMA OPARK MASSEFFAS TOWNARD LEAVES OTHOS PEUTAD Rothrod Sales NUTCONUTEX NUXULX NUXULX NUXULX CENTERS 黑色美洲美洲 Montgomery Silver Spring 1235 Bybee Street, Maryland 15 MOTHER'S MAIDEN NAME MIDDLE Shelton Charlie Vera Smith 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 579-42-3921 William Clark-husband- (same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY -hr roes ardia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Trans duodenal So hineteroplast RECORD 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ACCIDENT WAS UNDERLYING TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING / MEDICAL TO FUNERAL should be det with the Stote PHYSICIAN DIRECTOR PHYSICIAN 22d, PHTSICIAN'S NAME (TYPEOR PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23c NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery Brentwood Pr. Georges DHMH - 16 50M 1/B1 Hines/Rinaldi Funeral Home (VRA 15, 4)

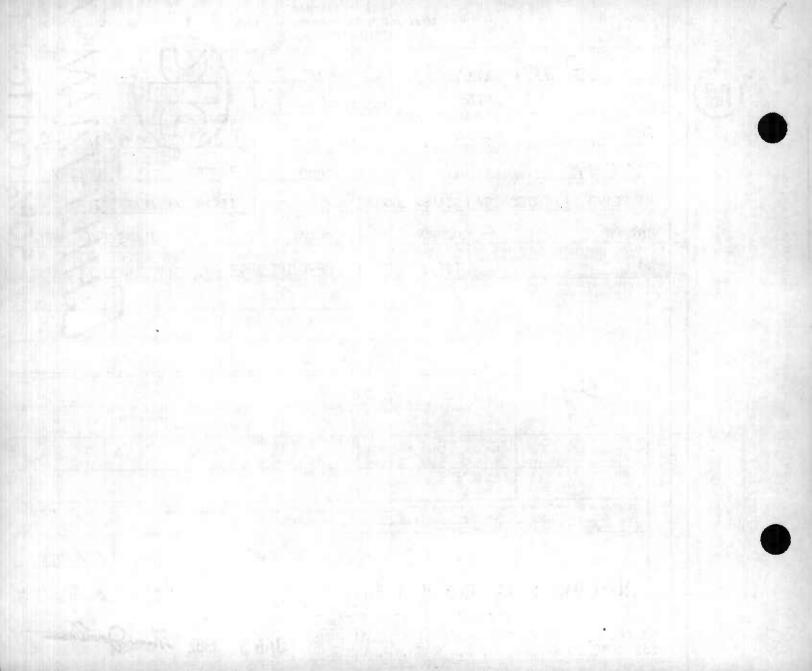
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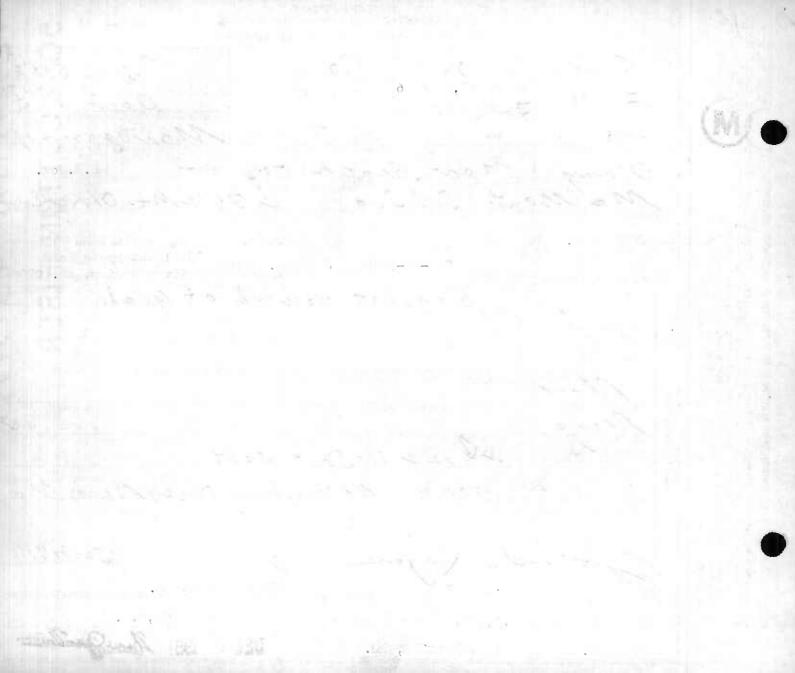


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/		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
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Ē	EF SSO	(YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-05-7330 James T. Colby 15121 Watergate Road
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≥	SER SE	WHILE NOT WHILE STREET ACTORY, FARM, ETC) STREET / CITY OR TOWN COUNTY / STATE
0	RE THIS CERTIFICATE SHOULD TE, WRITING THE WORD, PEI DRWARDED TO THE CHIEF M RE PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HEE DID, 21201 PRIOR TO BURIAL, C	at work at work a your Money Mants Md
	RWW RWW ST. ST.	22a Certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my apinion
	E EXAMINER: E CERTIFICATE, DUID BE FORVAL DIRECTOR: H, WITH THE SI	
	MER MER SE	deoth resulted from: Natural causes Accident Suicide Homicide Undetermined manner
	WAR WAR	TITLE (SPECIFY)
	A HOAR	SIGNATURE DATE TO SIGNATURE SIGNATOR SIGNATOR
	5 T 2 5 2 5 2	
	SE TANGE	John S. Rogers Address Silver Spring. Md.
,	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUN TO FUNERAL D. AFTER DEATH, P. BALTIMORE, M.	
130	-mg-48	236. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CREMATORY CREMATORY WASHINGTON, D. C. STATE
	BP	
		24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGI
	DHMH - 17 (VR A15 ME (5))	FRANCIS H. BARBER LAYTONSVILLE, MD. 20879 DEC 1981
	15M 2/80	



FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME

I STATE OR FOREIGN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> REG. NO 20. DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

IF UNDER I YEAR

MARRIED NEVER MARRIED WIDOWED DIVORCED [

10. 1936

13d INSIDE CITY LIMITS?

Edna

5 DATE OF BIRTH

Sept.

MONTH

HOSPITAL NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker

45

Omer. 126 KIND OF BUSINESS OR Home

2b HOUR

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY Montgomery Rockville 13g. STATE Maryland

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c)

U.S.A.

4 RACE

Caucasian

TE CITIZEN OF WHAT COUNTRY?

YES X 15 MOTHER'S MAIDEN NAME

MIDDLE 0.

ADDRESS

13e STREET ADDRESS Adrain St.

Kimble

Andrew 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

(TYPE OR PRINT)

Jo BIRTHPLACE

COUNTRY

FATHER'S NAME

Female.

West Virginia

3. SEX

166 SOCIAL SECURITY NO 234-58-1216

LAST

Alt

17 INFORMANT Clyde V. Coleman Same as #13

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse lost

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20g AUTOPSY?

21d INJURY OCCURRED NOT WHILE

230 BURIAL, CREMATION, REMOVAL

CERTIFICATION

00

MPORT

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

23d LOCATION

STATE

sow the deceased alive on 12/14 obove, (I) (we) (did not) view the body after death 22h SIGNATURE

27a | certify that (1) (this hospital) attended the deceased from_

211 LOCATION

STREET

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

PHYSICIAN'S NAME CTYPE

22e ADDRESS CONNECTICUT KENSIN GON

Burial Dec. 18, 1981

234 NAME OF CEMETERY OR CREMATORY Cherry Hill Cem

Upper Tract

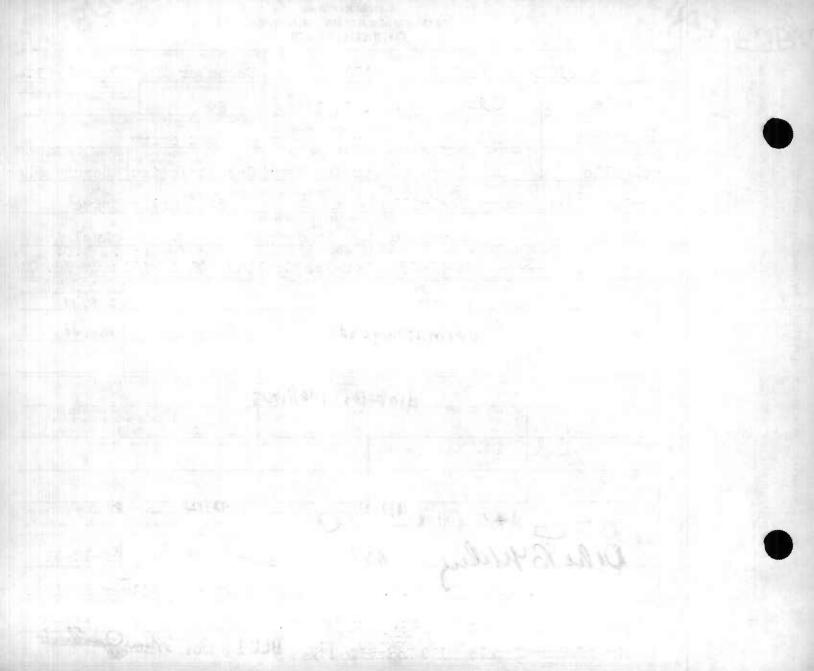
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

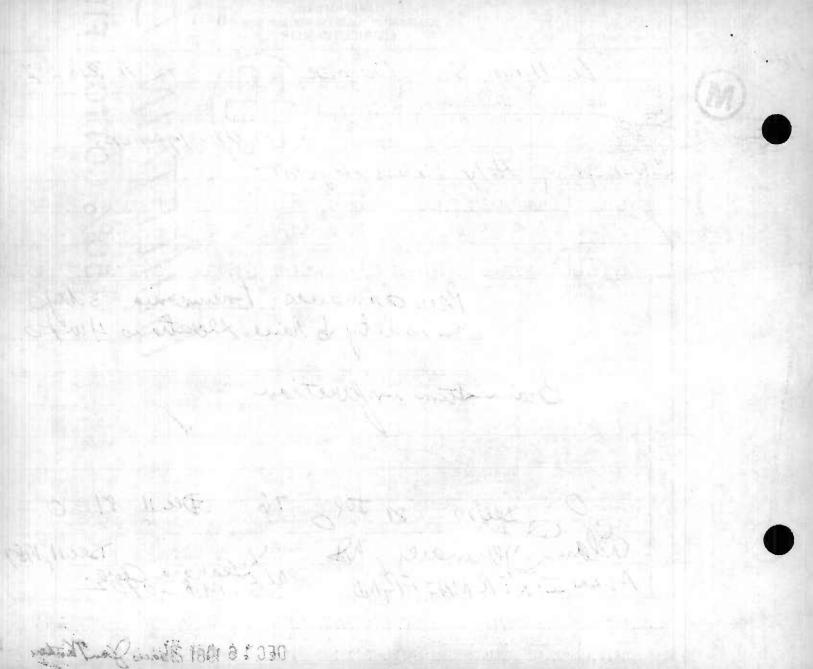
COUNTY

DHMH - 16 50M 1/81 (VRA 15. 4)

24 FUNERAL DIRECTOR Funeral Service ADDRESS Fairfax, Va.

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BALTIMORE, MD	35-Q5 L	N	0	-		252-	52-590	9 E	ugene D.	Corion	i	No#	13e.	
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	TO MEDICAL EXAMINER: THIS CRTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CRE		(TYPE OK PRI		hn S. Rog					Semina		211. 2	pg. Ma.	
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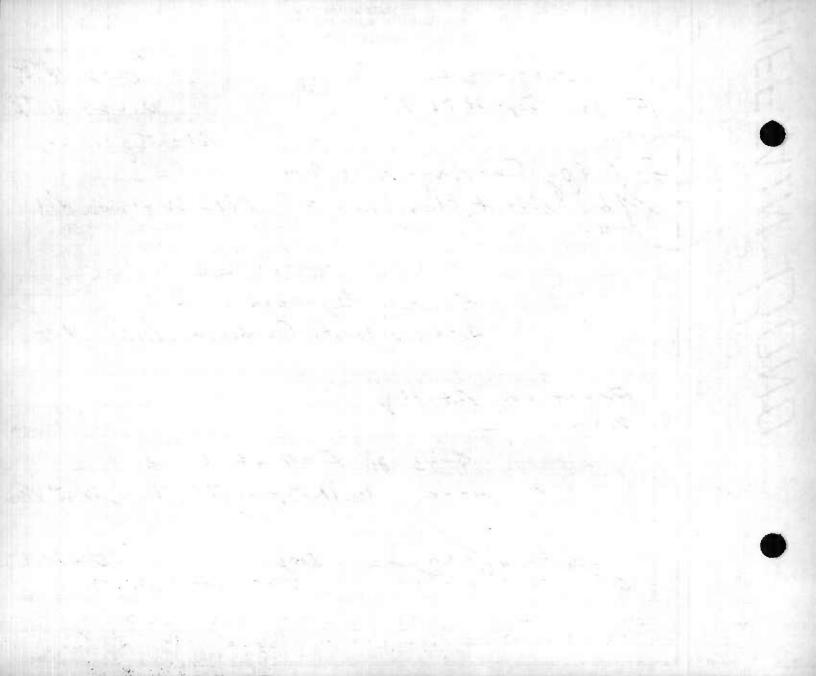
metant tenth party and selection of the # Add the first to .off: Set Immirel . orange BOSF-II-950 Maria Cala de la compansión de la Calada de Ca The sea ofth in annuface and Juntal 12-11-12 Te. Lineste Sentence Section 12-11-15 Entrolled ". Canch's Sans F. H. J. A. Hymsts. Md. Line Line Commission Files

DEPARTMENT OF HEALTH AND MENTAL HYGIENS 1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 1 RACE 1. DATE MONTH DAY YEAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 1 RACE 1. DATE MONTH DAY YEAR LASS BIRTHOAY) MONTHS DAY MONTHS DAY PRONOUNCED DEAD DEAD	YEAR 24 HOURS
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PENNSYLVANTA U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF JORK 128. KIND	PE BUISKIESS
I IF NOT IN SUCH FACILITY, GIVE STREET DODRESS) FOR MOST OF WORKING LIFE! OR IN	DE BUSINESS DUSTRY TENCES
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11. FATHER'S NAME FIRST ANDUE LAST 15. MOTHER'S MAIDEN NAME FIRST ANDUE	
THOMAS JOYCE MARY ANN O'CO	NNER
THUMAS JUYCE MARY ANN O CO NO. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 140, 10, 12, 11 140, 10, 12, 11 CLESTED H. COV. SAME AS 13. H.	HORAND
	USBAND XIMATE INTERVAL
PARTIDEATH WAS CAUSED BY:	ONSET AND DEATH
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN F MONTH Virgie (TYPE OR PRINT) ESTI-DEATH MATED 6 AGE (IN YEARS IF UNDER 1 IF UNDER 24 HRS DATE AST BIRTHDAY) PRONOUNCED DEAD (STATE OR NEVER MARRIED FOREIGN COUNTRY) Virginia DIVORCED ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Homemaker own home 3a. STATE CAU OR TOWN 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME James MICOLE Garland Martha Isabelle Root 17. INFORMA (daughter) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 578-07-8083D no Lucille C. Hicklin- (same as 13e) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), USED AS A BURIAL - IRANSII OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19a DATE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES -THE CHANGE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY WRITING THE W /ARDED TO THE AGE 3 SHOULD B 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge all the remains described above, held an Autopsy Inspection Undetermined manner death resulted fram: Natural causes Accident Suicide Hamicide TITLE (SPECIFY) DATE DCC 291987 SIGNATURE. MEDICAL EXAMINER John S. Rogers, DME 1919 Seminary Rd., S.S. Md. EXAMPLES NAME PAG TO 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Maryland 2-1982 Fort Lincoln Cemetery Brentwood Pr. Georges Jan. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Hines/Rinaldi Funeral Home s.s. Md. Ave., **DHMH-17** (VR A15 ME (5)) 15M 2/80

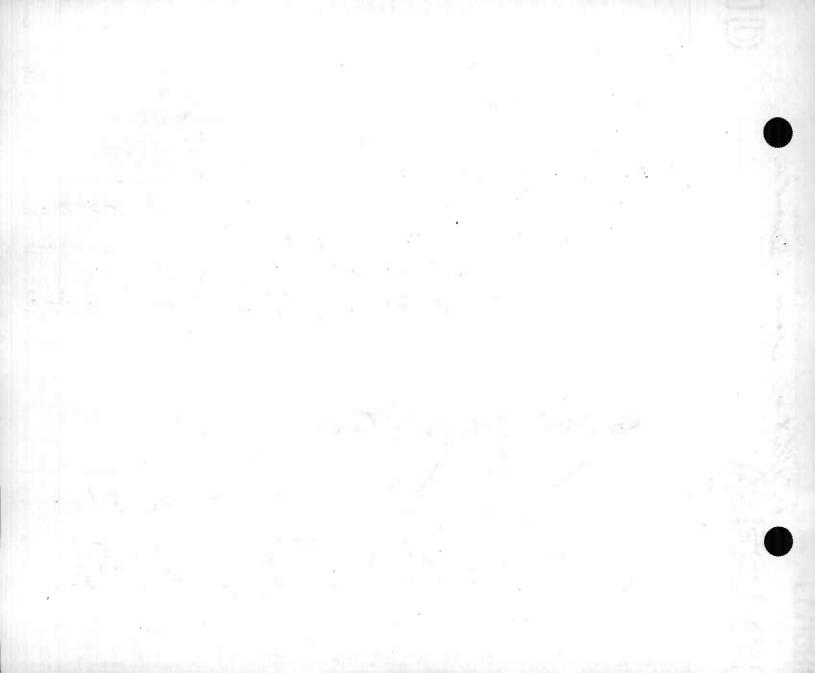


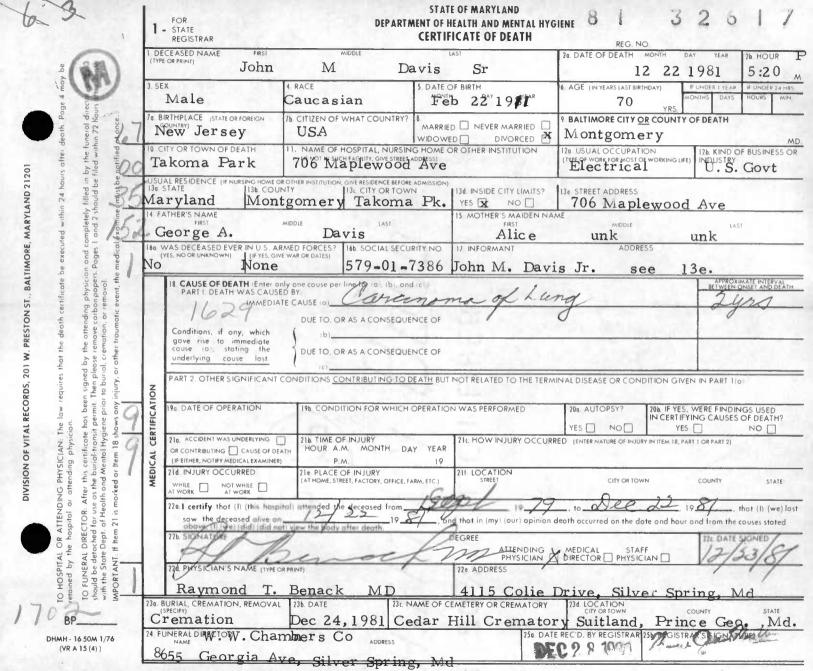
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STATE OF MARYLAND





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old of the color	-	14. F/					15. MOTHER'S MAIDEN NA	AME		
omple	P	_	harles		Erne		Nettie	WIDDLE .	McMic	hael
D.C. None Washington YES NO 3900 - 14 FATHER'S NAME Charles Ernest Nettie Charles Ernest Nettie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) (IF YES. GIVE WAR OR DATES) NO 17 INFORMANT ALL DATE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARCINOMA OF bladder & cervix DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate (b)	ADDRESS		FIRE							
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s that the de ed by the at olease remay rial, crematic	or other from		gove rise to imme couse (0), stating underlying couse	ediate the DUE	(c)					
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of of shoot	<u> </u>		URIAL, CREMATION, R	EMOVAL 23b. DA	ATE	23¢ NAME OF CI	METERY OR CREMATORY	123d LOCATION	N. W., D	IC.
BP			SPECIFY) Burial	12	/4/81	Glenwoo	d Cemetery	Washington, D		
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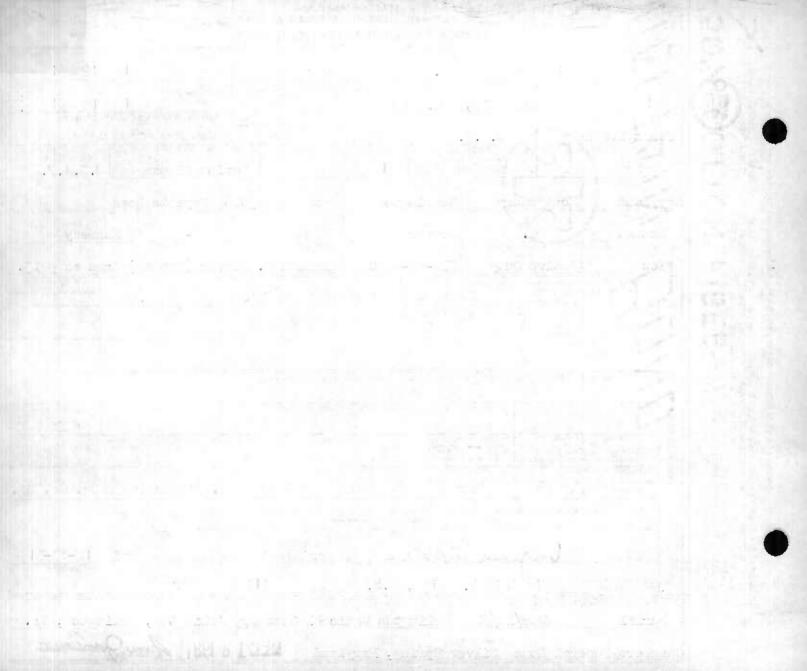


DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-1981 DEATH MATED 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (PYTEARS IF UNDER 2d. HQUE IF LINDER 24 HRS DATE MONTH DAY LAST/BIRTHEIAY) PRONOUNCED 69 YRS DEAD 19 7a. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY WESTER DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS COMPANIED OR INDUSTRY NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SAME USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS PARK DRIVE 13b. COUNTY MONTEOMERY 13a. STATE 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF 17. INFORMANT IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) BEDFRED CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL TRANSIT P LITH AND MENTAL HYG AATION, OR REMOVAL. Conditions, if ony, which 0171 2 gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION Alcakol1517ronic. 190 DATE OF OPERATION 20. AUTOPSY? OF BURIATA VARDED TO THE CHAGE 3 SHOULD BE LATE DEPARTMENT O YES NO M 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY STREET, FACTORY, FARM, ETC.) WHILE AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORY
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
BALLIMORE, MARYLAND, 21: Inspection Z. 22a. I certify that I taak charge of the remains described above, held on and in my opinion Natural causes death resulted from: Suicide Homicide Accident Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY THE LOCATION COUNTY BP 24. FUNERAL DIRECTOR BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined monner .	, 13(1
TITLE (SPECIFY)	
	2 01
SIGNATURE MEDICAL EXAMINER SIGNED 12-13)-01
EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS III Penn Street	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY	STATE
Burial Dec/16/81 Arlington National Cemetery Arlington, Arlington,	
24 FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS	(Am
Chambers Funeral Home Silver Spring, Maryland DEC 1 8 1981	Bank.



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	3 5		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
nector nector	L	Female	White	August 5, 1902	. 79	YRS DAYS HOURS MIN
2 hour	70.	BIRTHPLACE ISTATE OR FOREIGN ENGLAND	76 CITIZEN OF WHAT COUNTRY	MARRIED A NEVER MARRIED	Montgomery	
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Tral ital	4	sow the deceased alue o	ot) new the body after death.	ond that in (my) (our) opinion	death accurred on the date	ond hour and from the causes stated
PH P		226 SIGNATURE	on yiew the body drief dedin.	DEGREE		22c DATE SIGNED
T Ogo =	-1	n	· 15 1		MEDICAL STAFF	
TA ALL RALL STALL		1 Martin	- Ohanel	PHYSICIAN T	MEDICAL STAFF DIRECTOR PHYSICIA	ND 12/6/81
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retained by the TO FUNERA should be detained the State with the State		THARTIN C				MD-20895
	23	BURIAL, CREMATION, REMOVA	L 236. DATE 23c	NAME OF CONSTITUTE GREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
BP		Burial	12/8/1981 Be	th Sholom Congregat	ion Hillxid	e. Pr. Geo. Marul
01	24			D Mamarial E H 125	TE-REC'D. BY REGISTRADIES	A RECOSTRATE SCHAPE
DHMH-16 25M	10	20 NAME AND DE COMME	ADDRESS	v Memorial F.H. 250 Dr	ECHITYPI	name of
(VRA 15, 4) 1/79	12	of Carroll Strong	et. N. W. Washi	naton V. C.	1001	

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IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the medical examinerants be marked as an

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	1	3	2	0	2	
CERTIFICATE OF DEATH		REG. NO.		100			

		REGISTRAR				CERTIF	ICATE OF	DEATH	REG. 1	10				
		CEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF DEATH	MONTH	DAY	YÉAR	2b HOL	JR
	LIAME	OR PRINT)	LEONA	RD A	NTHONY	DE	MENT			DEC	05	81	162	0 PM
	3. SE	X		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST 8	RTHDAY)	_	ER I YEAR	IE UNDER	2.11
	MALE CAUC		JUL	04	64	17	YRS	MONTHS	DAYS	HOURS	MIN.			
	Ja Bi	RTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTE	RY? 8	D NEVER	MARRIED E	BALTIMORE CITY	OR COUN	TY OF D	EATH		
7	1	MD			USA	WIDOWE		VORCED	-Montg	ame	1011 (10		MD
00	10 C	ITY OR TOWN OF D	EATH		HOSPITAL, NUR		OR OTHER INS	TITUTION	12ª USUAL OCCUPA	TION	C 12b	KINDO		1110
1		BETHESDA		NATION	ONAL NAVAL MEDICAL CENTER Sa					OF WORKING	LIFE) IN	DUSTRY.		
5	13a. S	AL RESIDENCE IF NO STATE MD	13b COUN	TY SOMERY	13c. CITY OR TO		13d. INSIDE C	NO [13e STREET ADDRESS 9103 SUD		RD			
	14 FA	ATHER'S NAME		AIDDLE			15. MOTHER	S MAIDEN NAM						
1)	LESTER		LVIN	DEMEN'	T JR	M/	ARY	PHYLL	IS		DER	OSA	
		VAS DECEASED EVE			166 SOCIAL SE	CURITY NO.	17 INFORMA		ADDI			222	0011	
	()	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	217-90	-8990	MR ANI	MRS LE	ESTER DEME	NT				
H		18 CAUSE OF DEA	ATH (Enter onl	y one couse per	line for (o), (b),	ond (c)						APPROXU	MATE INTER	DEATH
		4 4 4 4 4		CAUSE (o)	Hepato-	-cellul	ar care	cinoma						
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		Conditions, if or		(ıb)							13.0		100	
	0.3	gove rise to in couse (b), sto		DUE TO O	R AS A CONSEC	DUENCE OF					10			
		underlying cou	ise lost	((c)_										
ij	~	PART 2 OTHER SI	GNIFICANT C	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COI	NDITION G	SIVEN IN	PART 1 c		
	CERTIFICATION					100								
	CA	19a DATE OF OPER	NOITA	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?			E FINDIN		
	TIF								YES NO YES NO NO					_
3	G	21a. ACCIDENT WAS U		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJ	URY IN ITEM 1	8 PART TOP	R PART 2)		
1	AL.	OR CONTRIBUTING	_		M.	19								
	MEDICAL	21d. INJURY OCCU	IRRED	21e PLACE			21L LOCATIO					DUNITY		
	¥	AT WORK NOT	WHILE	(AT HOME STE	REEL FACTORY OFFI	CE, FARM, ETC.)	STREET		CITY OR T	OWN	((JUNIY	5	TATE
		22a. I certify that	(this hospite	ol) ottended th	e deceased from	5 DEC	81	, 19		81	, 19		that X (we) last
		phove dilive	osed prive on	5 dec	ofter death	81 or	d that in	(our) opinion di	eoth occurred on the	date and h	our and f	from the	couses sto	oted
	1	27h 200 700	\/	view the body	offer deoffi.		DEGREE		Actina		23	2c. DATE S	SIGNED	
		WII	WAS	6	(C.T	1.0.)	-	TTENDING PHYSICIAN	MEDICAL STA			60	xes.	12
		774 PHYSICIAN S	TANE THE OF	- Court			22e ADDRES							
		UN1	Suite	tron		WCR)			val Medical	Cen	ter			
		URIAL, CREMATION		23b. DATE		C. NAME OF C			23d. LOCATION		COUL	uTv		TATE
		Cremation		12-10-	81	Lee's C	remato	ry	Washingt	on Di	stri	ct o	of Co	lumb.

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE

HInes Rinaldi 11800 New Hampshire, Silver Spring

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(co.co) con 10th DO BOIL LEGEL ME (UNITE) HEREINE PENEL PERCENT CERTAIN Every the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED SE) 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE T BIRTHDAY) PRONOUNCED DEAD To. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Ukraine WIDOWED DIVORCED Ukraine CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 2h KIND OF BUSINESS FOR MOST OF WORKING LIFE) Retired-Mechanical. Eng. USUAL RESIDENCE LIFTH NURS IG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CHLORIGW 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Dibert Iwan Marie Vyhouska 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 32 1503A Warwara Dibert (Wife) Same as None 18. CAUSE OF DEATH (Enter only one cause per line for (o) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying couse last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES [3 SHOULE DEPARTMENT (210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION WARDED STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK INERAL DIRECTOR: P DEATH, WITH THE ST MORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion death resulted fram: Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE PAGE 4 John S. Rogers 1919 Seminary Rd.S.S.Md. BALTIM TYPE OR PRINT! ADDRES5 23g BURIAL, CREMATION, REMOVAL 23b, DATE SXXXXXXX Buria1 BP 24. FUNERAL DIRECTOR Hines/Rinaldi Funeral Home 11800 N.H. Avel **DHMH-17** (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND

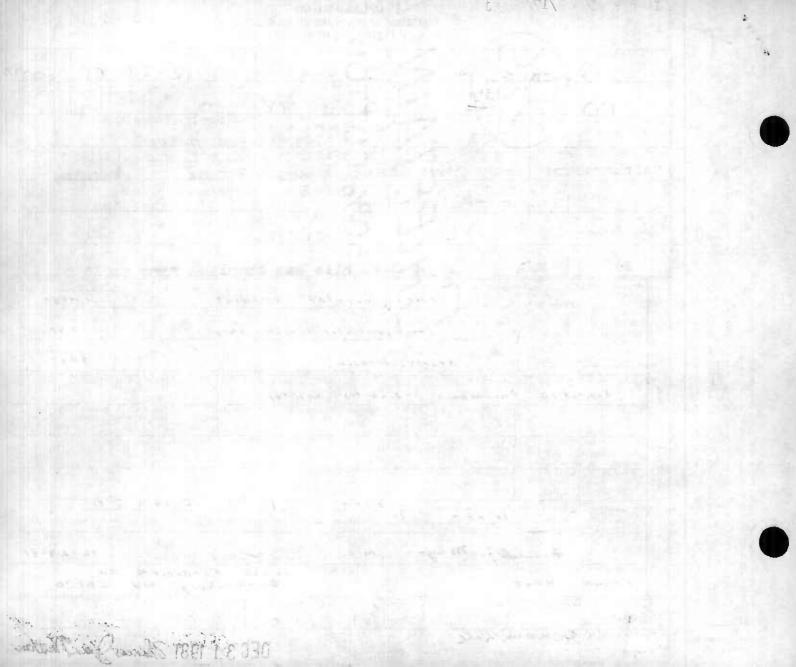
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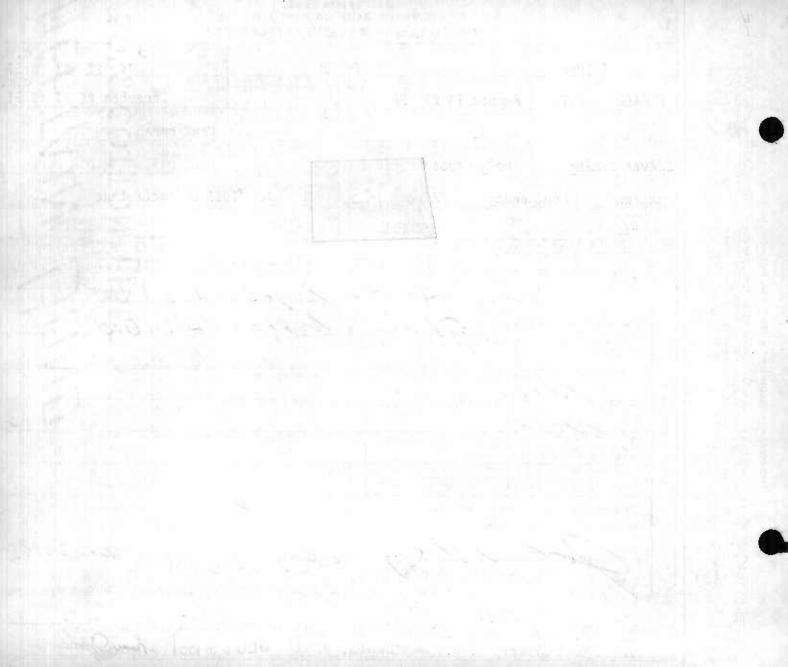
49		1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH								
			CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR					
		ITYPI	G-UCS	ie. A.	Divos	12-70	9-81 NON					
		ME	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR					
5	1		\sim	White	a 3 88	93 YRS	MONTHS DAYS HOURS MIN					
-			RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR COUN						
8/	0	1	N. C.	USA	MARRIED NEVER MARRIED WIDOWED M DIVORCED	Montgomery						
8	21	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS C					
캢	1	·Ga	aithersburg	Shady Grove	Adventist Hosp.	(TYPE OF WORK FOR MOST OF WORKING						
1	4	13e. S	STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) VN 1336 INSIDE CITY LIMITS?	13e STREET ADDRESS	Farming					
nergy	and of		THER'S NAME	rgomer ybartne	Sburgyes X NO	101 Odend'hal	Ave					
Wo.	5/		Newton	MIDDLE LAST	FIRST	WIDDLE	LAST					
0	16	Ián V	VAS DECEASED EVER IN U.S. A	Dixon RMED FORCES? 16b SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	Hobson					
medic			TES, NO OR UNKNOWN) (IF YES G	WE WAR OR DATES	-3491 Ella Mae A		12					
a H		-		nly one cause per line for (o), (b), o	odial	tamitan Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT					
ent,			PART I. DEATH WAS CAUS	ED BY		ident	BETWEEN ONSET AND DEATH					
ic e	П		421 MMEDIA	TE CAUSE (0)								
- mol	_		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	blovesculor insuffi	cicheu	10 Yr.					
tro			gove rise to immediate	(6)								
other			couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEOL	ENCE OF SCIENCES		30 yr.					
0.0	6.		DADT 2 OTHER SIGNIEICANIT	10)								
injury		NO	Aspiration	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
ony	a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?					
WO.	1	TIF					YES NO					
88	1	B	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	B PART I OR PART 2)					
e a	4	AL	OR CONTRIBUTING CAUSE OF DE		19							
10	4	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE					
ked		\$	AT WORK AT WORK	LAT HOME, STREET, FACTORY OFFICE	FARM ETC) SIREET	CITY OR TOWN	COONIT					
3				ital) attended the deceased from.	12-17 - 19 81	10 / = - 2 0	, 19 81 , that (I) (we) la					
21 is			sow the deceased alive or	12-18-	, and that in (my) (our) opinion	death occurred on the date and h	Name :					
e			22b. SIGNATURE	ot) view the body ofter death.	DEGREE		77¢ DATE SIGNED					
=			7-	12-29-81								
Z-			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22d ADDRESS									
MPORTANT			Frank Mo		/	20 Frederick	Rd. 1. 20870					
₹-			URIAL, CREMATION, REMOVAI	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION						
		(Burial	12-31-81 F	orbush Ch. Cem	Yadkin F	orbush N.					
B1		24 FL	INERAL DIRECTOR How	and Hale P. Opress	Box 7428 250. DA	TE REC'D. BY REGISTRAR 25b REGI						
		Wa	rner E. Pump	hrov Cl	Spr. Md. 0	EC 3 1 1981 2	cas Jan Thatha					
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STATE OF MARYLAND

Item 4 g564 2/17/02 gj



8	X	DEPARTMENT OF HEATH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DOBES DO							
						CATE OF DEA	REG. NO.		
1000							20. DATE KNOWN OF ESTI-	NIH DAY YEAR	26 dour
1	ASE OR. JRS	ESTHER			DOBBS		DEATH MATED 12		
	PLEASE ECTOR. FILES. HOURS STREET	3. SEX 4 RACE	MONTH DAY	YEAR LAST BIRTHDAY		IF UNDER 24 HRS.	PRONOUNCED - MON	ITH DAY YEAR	
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	最高を つく			COUNTRY?	MARRIED NEV		BALTIMORE CITY OR CO	UNTY OF DEATH	
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	FE PA TO	Silver Spring					HOUSEWIFE	OWN HO	ME
5	OR PAIN			3c. CITY OR TOWN	a. 13d INSIDE CI	ITY LIMITS? 13e. STR	EET ADDRESS		
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2	H. II.	14. FATHER'S NAME	MIDDLE	LAST			MIDDLE	a-148h	
u u	OG TAPES	MORRIS		ROSENFELD	HE	LEN			
9	PACORA			66. SOCIAL SECURITY			ADPOSS C	HISWELL L	ANE
TA STATE OF THE ST	AFI SINE PAGE //SIG			579-20-39	971 ST	TANLEY S.	DOBBS, SILVER	SPRING.	MD.
	HOURS M 18. G NG WIT RMIT. P.	18 CAUSE OF DEATH (Enter of	only one cause per line for	r (a), (b), and (c).)	1 .		1 6 3 1		8:51M 20010MR 8:51M MD. SINIESS RY ME ANE MD. E INTERVAL IT AND DEATH
2	AL ERW			your	te m	4001	vd12/1	22 181 8:51M PL 22 181 8:51M PL 22 181 8:51M ENTY OF DEATH COUNTY MD SET DEL HISWELL LANE SPRING MD APPROXIMATE INTERVAL APP	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S GERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR	AND ALCO	7271		A CONSEQUENCE O	OF _	/		LE .	
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3	OF THE PEN		DUE TO, OR AS	A CONSEQUENCE O	F				
2	NO N	7,3,4	(c)						
	BE EXECUTED VDING" IN PREDICAL EXAM. SA BURIAL-ITH AND MEIREMENT OF THE AND MEIREMATION, C.		S CONTRIBUTING TO DEATH RUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN PART 1 IOI.			0 6 V
5	- CREAS	190 DATE OF OPERATION 210. EXTERNAL CAUSE WAS	sue.						
	SHOULD ORD "PE CHIEF M TOF HEA	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERA	ATION WAS PERFOR	MED?			?
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Č	CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMEN I PRIOR TO		216. TIME OF IN HOUR A.M. A		216 HOW INJURY	OCCURRED (ENTER I	NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)	
3	PAR TENE	CONTRIBUTING CAUSE O		19	AN LOCATION				
1	CERTIFIC CERTIFIC DED TO 1 E 3 SHOUI E DEPARTA	21d. INJURY OCCURRED WHILE NOT WHILE	STREET, FACTOR	INJURY (AT HOME, Y, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
-	WARE WARE 120	AT WORK AT WORK							
130	ATE, ORV	22a I certify that I took cha	rge of the remains describ	sed obove, held on	Autopsy .	Inspection	Inquiry , ond in n	ny opinion	
	A PER	death resulted fram: No	ural causes A	ccident . Suid	cide , Homic	ride . Undet	ermined manner ,		
	WIT WIT WAR		0		TITLE (S	PECIFY)	31		100
	A HE	ACTUAL SIGNATURE	10	(09	MD. 12		ICAL EXAMINER SI	dec 17	11901
	NOR SIET	EXAMINERS NAME D	R. JOHN S. 1	ROGERS. M.	D.		SEMINARY ROAD		
	M S S S S S S S S S S S S S S S S S S S	(TYPES R PRINT)			ADDRESS			LANU	
2	5385F8	23a, BURIAL, CREMATION, REMOVAL (SPECIFY)		DISTRICT	euf coeume	BRIA 238. LC	OCATION OR TOWN	COUNTY	STATE
20	BP	BURIAL	12/24/1981	LODGE CE	UTTEDIA	U U	JASHINGTON,	v. c.	8:51M PACTIONS 8:51M MD. SINESS WE NO DE STATE
	DHMH-17		IN HEBREWSS M				REGISTRAR 256 REGISTRA	RS SIGNATURE	Chow
	(VR AT5 ME (5)) 15M 2/80	232 CARROLL S	TREET, N. W	., WASHING	IUN, V. C.	. OEU A	7 130 Men		



	1	Items 21a FOR Film#G564		MENT OF	E OF MARYLAND BEALTH AND MENTAL HYG	SIENE 8 I	3 2	521
	1. DE	REGISTRAR AI	WIDDLE		ICATE OF DEATH	REG. NO		YEAR 126 HOUR
2 2 2	(TYP	MER)	y D.	5	OTY	December1		10354
	3. SE	Male	4 RACE Caucasian	S. DATE O	h 1 1911	6. AGE (IN YEARS LAST BIRT		TYEAR IF UNDER 24 HRS DATS HOURS MIN.
(M) 44		OTOTADO	7b. CITIZEN OF WHAT COUNTRY United State:		DI NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY O	_	County, MD.
11 85	1	Pockville	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SHADY GRO	NG HOME (120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Baker	ON 12b. K F WORKING LIFE) INDU	IND OF BUSINESS OR
filled in sould be f	USU	AL RESIDENCE (IF NURSING HOME)OF	R OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		132 SIREEI ADDRESS 1101 Ful		
ampletely ond 2 sh	14 F	ATHER'S NAME Not	Available		15. MOTHER'S MAIDENNA	WE		Schad
on ond co.	(NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? NE WAR OR DATES) 349 10	URITY NOA	17 INFORMANT Son Donald Dot	#2 Ste	vens Cou 11e, Mar	rt
equires that the death certificat signed by the attending physis. Then please remove carban pop to burial, cremation, ar remova njury, or other traumatic event,	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSECU-	WENCE OF	lobe by Aight Couliron a NOT RELATED TO THE TERM	Saular aca	DEADS 8	Lays Lays -10ys,
te has been sit permit giene prior shows only i	CERTIFICATION	19a DATE OF OPERATION	198 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
ng physici certificate riol-transi ental Hygi frem 18 sh	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR AM MONTH	AY YEAR	Fell out of		Y IN ITEM 18 PART I OR PA	ART 2)
ottendir frer this os the bu h and M srked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Potomac Valle	FARM, ETC.)	211 LOCATION STREET 1235 Potom	ac Valley	Rd. Rock	avtg. STATE
HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR. A suid be detached for use with 6 stote Dept. of Health ORTANT: If them 21 is mo		sow the deceased alive on above, (1) (we) which (did no	only oftended the deceased from 19 19 11 view the body offer death.	81 NE	d that in tary is opinion opinion.	, to	te and hour and from	, that (I) (we) lost
retained by TO FUNERA Should be de with the Stot	00	22d PHYSICIAN'S NAME (TYPE OF W.G. Ha			615 W. Mon		re. Rock	ville,Md.
BP		BURIAL, CREMATION, REMOVAL SPECBURIAL INTERAL DIRECTOR DO DE	21, 1981 M	t. 01	ivet Cemete		Illinoi	- PL
MH - 16 50M 1/81 (VRA 15, 4)	I	HOMES, P.A.RO	RT A. PUMPHREY CKVILLE, MARYI	FUN:	ERAL , 250. DAT	C 2 2 1981	256 REGISTRAR'S SIG	CHAINMAN

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STATE OF MARYLAND

THE STATE OF THE S NAME OF THE PERSON AND THE PERSON OF THE PER EWZWARENARIA SEET I TO DESCRIPTION OF STREET THE STREET, ST

Beatrice A. Dressler CERTIFICATE OF DEATH

- STATE

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH

And the college of the same of the beat of specific to the property of the contract of th The second of th atomication of the manager of the second of THE THE MAN STEEL STEEL Lake Wer Cometony Stevel vo, Chio

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH 2h HOUR (TYPE OR PRINT) 5:59pm Driscoll Eugene J. 12/8/81 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS male. xxxxxx White 4/23/08 73 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York US Mont gomery County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Suburban Hospital President-Sales Window Co. USUAL RESIDENCE HE NURSING AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Montgomery Bethesda Md. 5716 Odgen Rd. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Anabelle Calan P. Driscoll Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST item # 13 Billie Driscoll Same as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO BALL Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN YPE OR PRINT 22e ADDRESS

NAME OF CEMETERY OR CREMATORY

St. Gabriel's Cem.

NO [

STATE

STATE

COUNTY

CITY OR TOWN

Potomac, Md.

22c DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

BY

BOD

23a. BURIAL, CREMATION, REMOVAL

Burial

12/11/81

5130 Wisc. Ave. N.W. Wash., D.C. 20016

24 FUNERAL DIRECTOR JOSEPH GAWLER'S SONS. INC.

(SPECIFY)

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A Company of the Comp

ellower dispuis .S

- - - - 1776-05-15-15-15 Wille Wilson London Company

Late Compather RELief - 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-Katherine 4:15 Duff 12 13,081 Norine DEATH MATED 4. RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE LAST BIRTHDAY) PRONOUNCED 10 81 10-19-1900 81 YRS 4:15 female white DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Utan U.S.A. Montgomery County WIDOWED XX DIVORCED O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Suburban Hospital Homemaker Home Bethesda USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 199 Rollins Ave Rockville Montgomery YES X Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Phelon Katherine Koerner Unknown ADDRESS 14514 Bauer Dr. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO daughter (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 552-30-047 Roberta E. Allen Rockville, Md. No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) nfonton acut BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGENE RIAL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEP TO THE CHIE E 3 SHOULD BE US E DEPARTMENT OF 11 PRIOR TO BURIA TO MEDICAL EXAMINER: THIS CERTIFICATE OF SECURE THE CERTIFICATE, WRITING THE WOLD PAGE 4 SHOULD BE FORWARDED TO THE CTO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE and in my opinion 220. I certify that I took charge of the remains described above, held an Autopsy Undetermined monner Hamicide DICAL EXAMINER OF ROSE DIC. SIGNATURE EXAMINER'S NAME John G. Ball Bethesda, Maryland TYPE OR PRINT 234. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Washington, D. C. D. C. STATE Cremation Lee's Crematory Dec. 24 FUNERAL DIRECTOR **DHMH-17** Capitol Funeral Service, Fairfax, Va. (VR A15 ME (5)) 15M 2/80

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Market factor (action of the factor of the f

Hamilton De State Committee Committe

Gremanian use. 14, 1950 Lies's Grementy *Whington, 1.0.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10		
	ECEASED NAME FIRST	MIDD	LE		LAST	20 DATE OF DEATH		Y YEAR	25 HOUR
-	WILLI	AM J.		DUNL	EAVY	DECEMBER 3	, 1981		2:30 p/
3 SE	X	4 RACE		5. DATE (6. AGE (IN YEARS LAST BE	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS. HOURS MIN.
	MALE	CAUC		JULY		55	YRS.	ONTHS DAYS	HOURS MIN.
7a. B	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WH.	AT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY			
	NEW JERSEY	USA		WIDOWI		MONTGOMERY		Y	MI
7 1	BETHESDA	NATIONAL	NAVAL N	ÆDIC.	AL CENTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired—	OF WORKING LIFE)	U.S.	
13a :	JAL RESIDENCE (IF NURSING HOME C STATE ISB COU VIRGINIA LAN	NTY 13c	CITY OR TOWN	V	13d. INSIDE CITY LIMITS?	I3e STREET ADDRESS RT2 BOX 43	9D, LA	NCASTE	R, VA
14. F/	ATHER'S NAME FIRST	WIDDLE	LA51		15. MOTHER'S MAIDEN NA			LA	22503
2	JAMES	JOSEPH	DUNLEAV	/Y	FRANCES	MIDDLE	EERPTS	LAS	51
		IVE WAR OR DATES)	SOCIAL SECU		MRS. EVELINE	ADDR E. DUNLEAV	v. RT2	, BOX	439D
CERTIFICATION	PART 2. OTHER SIGNIFICANT				N WAS PERFORMED	200 AUTOPSY?	WERE FINDI		
I E	210. ACCIDENT WAS UNDERLYING	7 216 TIME OF IN	HIDV		Tal- HOW IN HUBY OCCUPA	YES NO		XON [
N S	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DA	Y YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T 1 OR PART 2)	
WEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
	220 I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did)	n	19		EMBER 1981 nd that in (my) (our) opinion (, to <u>03DECE</u> death occurred on the d			that (I) (we) los couses stated
	22b. SIGNATURE		m		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		224. DATE	SIGNED EC 81
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS NATIONAL NAV				
23a 1	BURIAL, CREMATION, REMOVA	L 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY A	STATE
	Burial	Dec.7, 8	31 Arl	lingt	on National C	emetery A	ryingt	Olan /	va.
D 24 F	emaine Funeral	Homes, In	c., Ale	x., \	7a. 22314	TC 5 8198 TRAF	AURCOSTR.	S SIGNAT	TURE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

750 - 10 Way 18 053- 127- 5-22 Control of the contro

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MONTH YEAR 2b. HOUR IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Montgomery 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Nurse. 7411 Hancock Ave. Apt. 303 LAST Unknown. Lamber 2006 Dr. Silver Sprg Daughter 1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART, 1101 20h. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO [

YES [

and that in (my) (www) ppinion death accurred an the date and hour and from the causes stated

DIRECTOR PHYSICIAN

COUNTY

22c DATE SIGNED

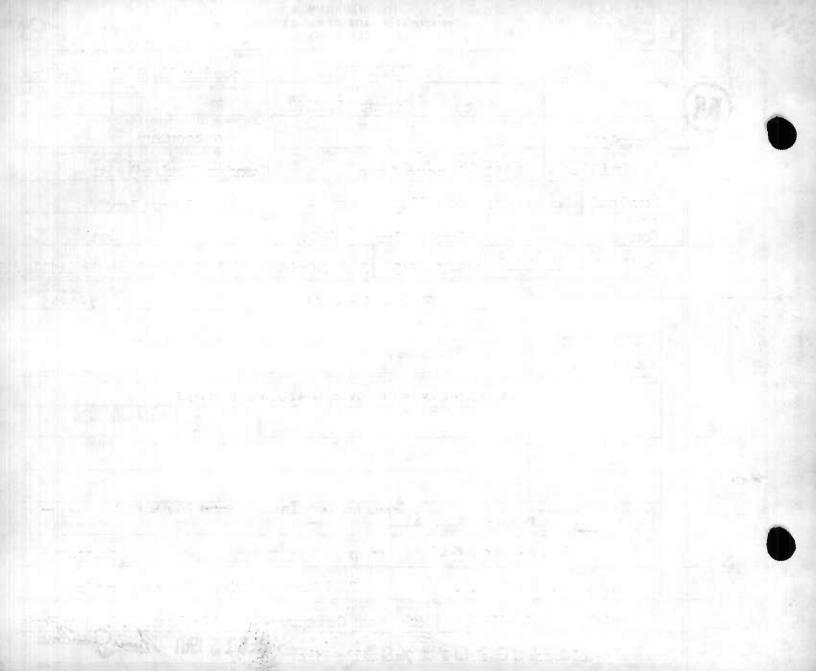
STATE

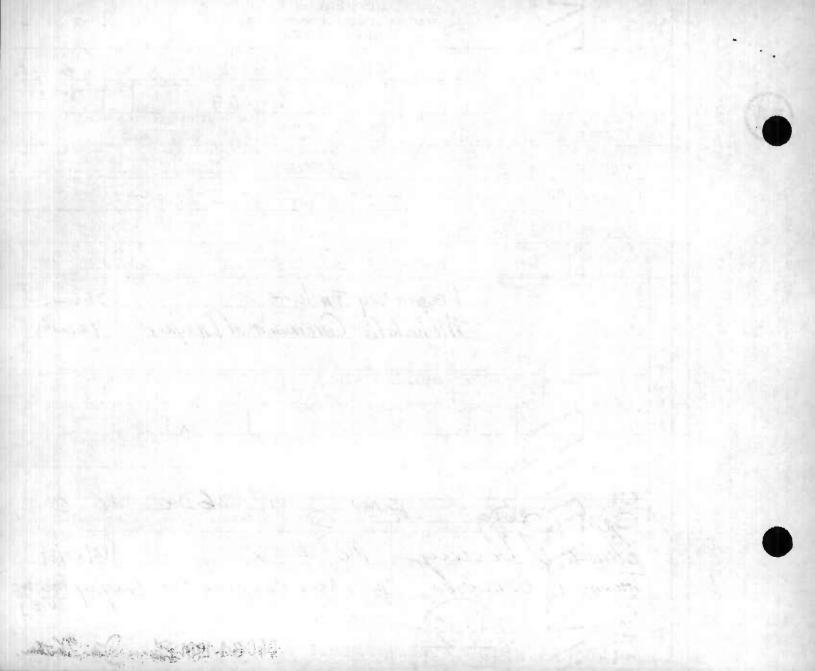
incoln Rladensburg

DHMH-16 20M (VRA 15, 4) 7/78 <









STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		OR PRINTS	FIRST		WIDDLE	· ·	AST	20. [DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	liner	OR PRINT)	PATSY	J	ANE	ELL	IS	DI	ECEMBER	29,198	31	2:26	an
	3. SE)	X		4. RACE		S. DATE C	F BIRTH	6 AC	GE (IN YEARS LAST E	IRTHDAY)	IF UNDER TYEAR	IF UNDER 24	HRS
		FEMALE		CAUC	9200	SEPT	EMBER 26,193			YRS	MONTHS LIAYS	HOURS	MIN,
1		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 B	ALTIMORE CITY	OR COUNT	Y OF DEATH		
4	i	MISSISSI	PPI	USA		WIDOWE			ONTGOMER	Y COU	VTY		MD.
	10. CT	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION		USUAL OCCUPA		126. KIND O	F BUSINESS	OR
7		BETHESDA		NATIONA	L NAVAL M	EDICA	L CENTER	C	ffice	Worke	TEMPTO		
-		AL RESIDENCE (IF	NUR SE OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	? 113e S	STREET ADDRESS		BOUNDARY		E
	VII	RGINIA	STAF	FORD	STAFFORD		YES K NO	S	CAFFORD,	VIRG:	INIA 22	2554	
6		THER'S NAME FIRST		WIDDLE	ARTHUR		15. MOTHER'S MAIDEN I	NAME	WIDDLE	1	Brit	t	
-	-	VAS DECEASED EV	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		44DADB	OUNDA	RY DRIVE		
3	NO	YES, NO OR UNKNOWN	(IF YES GIV	E WAR OR DATES)	262-78-0	651	WARREN J. H	ELLIS	S: STAFF	ORD, V			
		18 CAUSE OF DE	EATH (Enter on	ly one cause per	line for (a), (b), on	dicti					APPROXI BETWEEN	MATE INTERVA	ATH
		PART I. DEATI	H WAS CAUSE	D BY: E CAUSE (o)	CARDIOPU	LMONA	RY ARREST						
		427	75		R AS A CONSEQUE	NCE OF							
	N. O.	Conditions, if	ony which	1	K AS A CONSECUE	INCE OF					2011		
		gove rise to	immediate) (p)-				0.00		1000			
		underlying co	ouse lost	DUE TO, O	R AS A CONSEQUE	NCE OF					100		
		DARL O CHIER	UCA HEICALIT O	(c)	ON ITRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TE	CD and a land	DISE SE OR CO	UDITION O	VENTAL BARY 1		=
	Z	PART Z OTHER S	SIGNIFICANT	ONDITIONS C	ON IKIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	EKMINAL	DISEASE OR CO	ADII ION GI	VEN IN PART TO	,	
1	ATIC	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	1 26	00 AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED	
1	CERTIFICATION								EC X NACX	IN CERT	IFYING CAUSES	OF DEATH	?
-	ERT	21g. ACCIDENT WAS	UNDERLYING T	216. TIME C	OF INJURY		21¢ HOW INJURY OCC	URRED (ENTER NATURE OF IN	LIPY IN ITEM 18	PART LOR PART 2)	140 1	
		OR CONTRIBUTING		110110 4	M. MONTH D	AY YEAR	THE WORK OCC.	ORRED (ENIER NATURE OF III	OKT HE ITEM TO	PART GRIPART 27		
	CA	(IF EITHER NOTIFY			M.	19							
	MEDICAL	21d. INJURY OCC			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR	OWN	COUNTY	STA	115
		AT WORK AT	WORK						200707	**************************************	01		
		220.1 certify that	t (I) (this hospi	tol) ottended th	MBER 19	71	EMBER 1981		_{to} 29DECE			that (I) (we	
		sow the dec obove, (II two	eosed alive on	t) view the body	ofter death.	, 01	nd that in (my) (our) opinion	ion deoth	occurred on the	dote and ha	ur and from the	couses state	bt
		226 SIGN ATUHY	7 ~ 1	, 1	SP _		DEGREE				22s. DATE	SIGNED /	01
		N-4	-soli!	led	has		ATTENDING PHYSICIAN	G ME	EDICAL ST RECTOR PHYS	ICIAN X	12/	27/	81
		22d. PHYSICIAN'S	S NAME (TYPE O	R PRINT)			22e ADDRESS					1	
		H.L. R	EED, LT	, MC, U	SNR		NATIONAL NA	VAL	MEDICAL	CENTE	R, BETHI	ESDA,	MD.
		BURIAL, CREMATIC	ON, REMOVAL				EMETERY OR CREMATOR		3d. LOCATION	~ .	_COUNTY -	- STA	TE .
	Bu:	rial		1-2-8	32 Ro	ock H	ill Ch. Ce	em.		Sta	fford,	Virg	ini

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

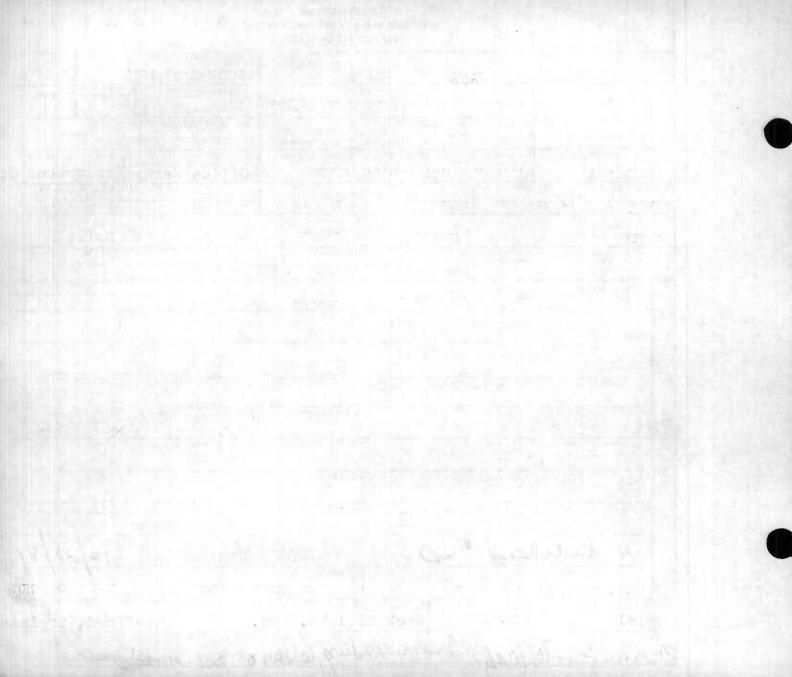
should be detoched for use os the buriol-tronsit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buriol,

MPORTANT: If Item 21 is

TO HOSPITAL OR ATTENDING PHYSICIAN.

Indericksfe

Rock Hill Ch. Cem. CITY OR TOWN Stafford, Virginia



	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYC		0 2 0) 3 /
		CEASED NAME	FIRST	, ,	MIDDLE	1	AS1	REG. N 20. DATE OF DEATH		Zb. HOUR
	(TYP)	E OR PRINT)	ALICE	T	REA	E	LWELL	DECEMBER 2	2 1981	11:30a
	3 SE	X		RACE		5. DATE C)F BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
	F	EMALE		XCAUCX	White	JULY	12,1925 YEAR	56	YRS DAYS	HOURS MIN.
810	7a. B	IRTHPLACE (SIATE DATE	rom on 75		WHAT COUNTRY	2 0	NEVER MARRIED		R COUNTY OF DEATH	
51		EW YORK		USA		WIDOWE		MONTGOMERY	COUNTY	44.0
27	В	ITY OR TOWN OF DEA	N	(IF NOT IN SUC	H FACILITY, GIVE STREET	T ADDRESS)	L CENTER	12g USUAL OCCUPATION OF THE STATE OF WORK FOR MOST OF HOMEMAKER	ION 126, KIND O	OF BUSINESS OR
and Sh	13a. S MA	al residence (************************************	COUNT		GIVE RESIDENCE BEFO 13c CITY OR TO CROWNS	MN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS CROWNSVILL	505 SEVERN V E, MARYLAND	
	14. F/	ATHER'S NAME FIRST	MIL	DDIE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	IA.	
LL	2	MARK	В	-	JEPSON		MARY	MODIL	MADDO	
7		VAS DECEASED EVER		D FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	505 SEVE	RN VIEW DRIV	/E
1	N				212-22-	3092	JOSEPH ELWEL	L: CROWNSVI	LLE, MARYLAN	ND 21032
		18 CAUSE OF DEAT	H (Enter anly	ane couse per	line for (a), (b), o	nd (c			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		BY: CAUSE (a)	BREAST	CARCIN	OMA			
-		1799		DUE TO OF	R AS A CONSEQU	JENCE OF				
		Conditions, if any	which	(b)_	A10					
		gove rise to imr		DUF TO, OF	R AS A CONSEOL	ENCE OF				
5		underlying couse	last.	(c)_						
alary, o	NO	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1.	a ·
	ATIC	19a DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	- OPERATIO	N WAS PERFORMED	20g. AUTOPSY?	20b. IF YES, WERE FINDII	NGS USED
1	IFIC			4				YES NOX	IN CERTIFYING CAUSES	OF DEATH?
	CERTIFICATION	21g. ACCIDENT WAS UNE	DERLYING	21b. TIME O			21c HOW INJURY OCCUR			ио [₹]
2		OR CONTRIBUTING (AY YEAR				
)	MEDICAL	21d INJURY OCCUR		21e PLACE C	OF INJURY	19	211 LOCATION			
	W	WHILE NOT WH	ILE 🔲		EET, FACTORY OFFICE	FARM ETC)	STREET	CITY OR TO	WN COUNTY	STATE
		220.1 certify that (1)	(this haspital	22DFCFI	deceased from	81	EMBER 19 81	22DECEN	. 19,	that (I) (we) lost
		obove, (I) (we) (c				on	d that in (my) (our) opinion	deoth occurred on the do	ote and hour and from the	couses stated
		22b. SIGNATURE	Stuit	uson	ms.		DEGREE ATTENDING PHYSICIAN [MEDICAL STAR		23/8/
		22d. PHYSICIAN'S NA	AME (TYPE OR PI	RINT)			22e ADDRESS		- /	7900
		A. ROBIN	SON, L	CDR, MC			NATIONAL NAV	AL MEDICAL	CENTER, BETH	HESDA, MI
	23a E	SURIAL, CREMATION,					EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Burial		12/24/		rl. Na	t'l. Cem.	Arlington	1. Va.	11
31	24 FL	NERAL DIRECTOR O			Wash.		20016 250 DAT	C 2 9 198 PAR	P SEGISTR R	

STATE OF MARYLAND

8 1 3 2 6 3 7

Burial

- STATE

I. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a DATE OF DEATH

299

DIVORCED [

FIRST

Dora

REG. NO

2b. HOUR 81 A. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

Housewife own home

13e STREET ADDRESS 2030 Forest Hill Drive.

MIDDLE Miller

ADDRESS 17 INFORMANT

C. Walter England-husband-(same as 13e)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (NSIFFICIENCY 3 WKS BRONCHITIS

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

CITY OR TOWN

20g AUTOPSY?

COUNTY

YES [

Pr. Georges

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

Md.

and that in (my) opinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23, 1981 George Washington

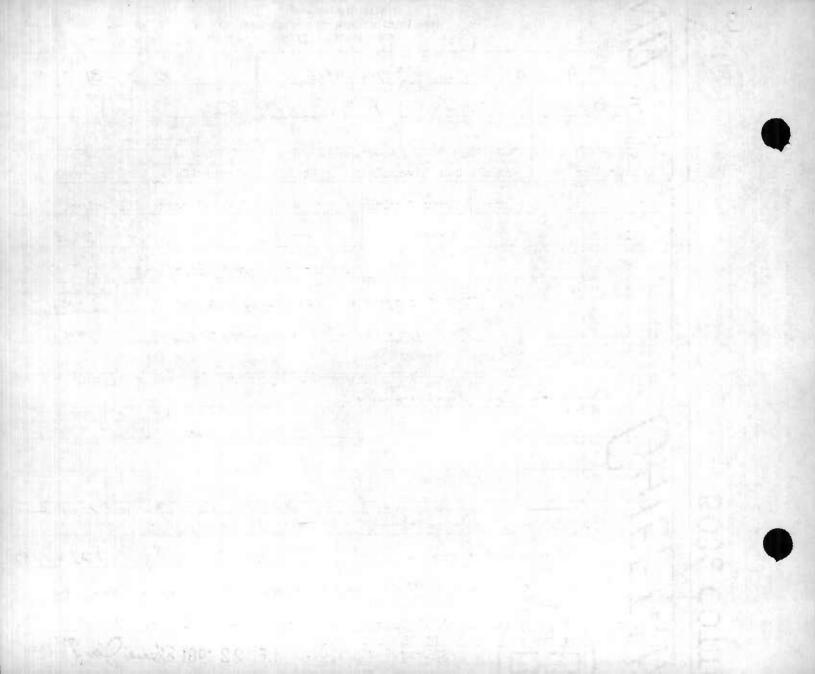
7600 CARROLL AVE. TAXOMA PARK, MA

Adelphi

23d. LOCATION 231 NAME OF CEMETERY OR CREMATORY CITY OR TOWN

PALFUNERAL PURECTOR HINES FRINAL HOME 11800 N.H. Ave., Silver Spring, Md.

DHMH - 16 50M 1/81 (VRA 15.4)



2 77	{TYPE	BERTHA	MAE	FAHRENB	ACH	
YOU WE MAN	3 SE		RACE	S. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR
		female	eaucasian	Sep	t.25,1888 YEAR	93 year
l hou		IRTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT CO	MINITENZ B	DENEVER MARRIED	9 BALTIMORE CITY C
2 4 7		rnersville, Pa.	U.S.A.	WIDOWI		Montgome
2 1	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL		OR OTHER INSTITUTION	12e USUAL OCCUPAT
10		ckville			ome for the A	ed Organis
110	13a S	AL RESIDENCE (IF NURSING HOME OR O STATE III COUNT	Y 13c. CITY	ORTOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS
7/	_	District of Colu	mbia Wa	shington	YES NO	3310 Rit
กล็กไ		the state of the s	DDLE	LAST	15. MOTHER'S MAIDEN NA	WE
<u> </u>		Merris F WAS DECEASED EVER IN U.S. ARM	. Kauff	MAN	Annie	ADDRI
Medicol			VAR OR DATES)			
		no		-62-7086	T John H. Fal	hrenbach 33
emoval event, t		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		at, (b), and (c).1	a. a. t	9
9 9		IMMEDIATE	CAUSE (o)	raine	unest	
e attending physicia nave carbanpapers atian, ar remaval. traumatic event, the		4292	DUE TO, OR AS A CO	ONSEQUENCE OF	T. Carl	- 11
cremation, ther troum		Conditions, if any, which gove rise to immediate	(b) Arte	aseka,	aca carac	1 - voorce
other		couse (a), stating the underlying cause last	DUE TO, OR AS A CO	DNSEQUENCE OF		Disen
0 0			(c)			
njury.	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE OR CON
ony ir	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?
Mental Hygiene jar Item 18 shows	Ĭ	-	1	~		YES NO
18 sh	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU
Fe 7	K	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
ö	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR FO
morked	≥	AT WORK NOT WHILE	(AT NOME, STREET, FACTOR	CI, OFFICE, FARM, ETC.)		
S B		22a L certify that (I) (this-hespite	attended the decease	ed from Many	23 1928	10 Dec 1
21.		sow the deceased alive on_ above, (1) (we) (did) (did not)	view the body offee dea	th. 19 8 . 6	nd that in (my) (our) opinion	death accurred on the d
E E		226. SIGNATURE	milu		DEGREE	
State C		Harrest -	- 411-ca	my 1	1) ATTENDING	MEDICAL STA
	1	22d. PHYSICIAN'S NAME (TYPE OR F	PRINT)		27e ADDRESS	1 KD
PORT		HAROLD F	MC/	7 N N	3355-16	the of N
3 1	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN
_	'	Burial	Dec. 3. 198	St. John	s United Ch	Cemetery We

Hysong's Funeral Home 1300 N St.N.W.Wash.D.C.

FOR

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/7B - STATE

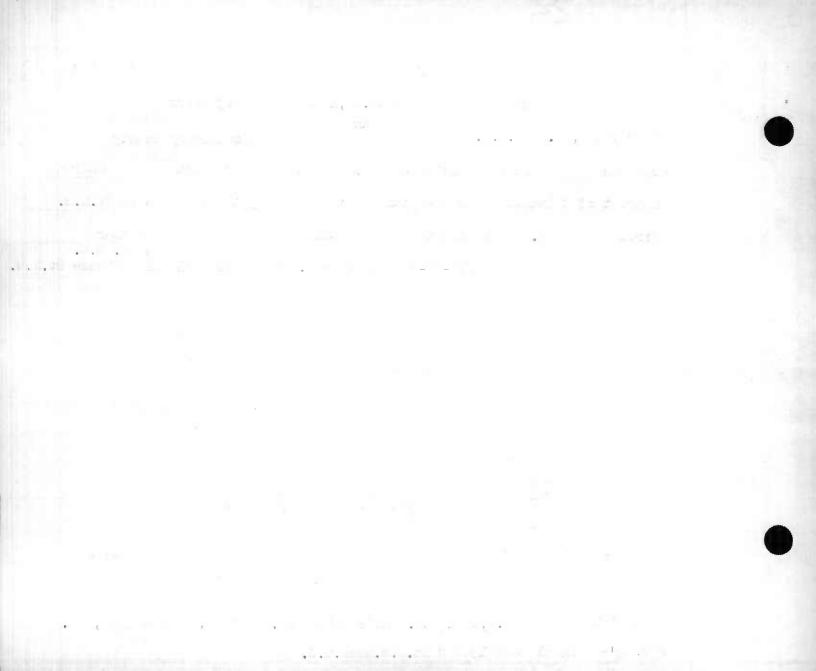
STATE OF MARYLAND

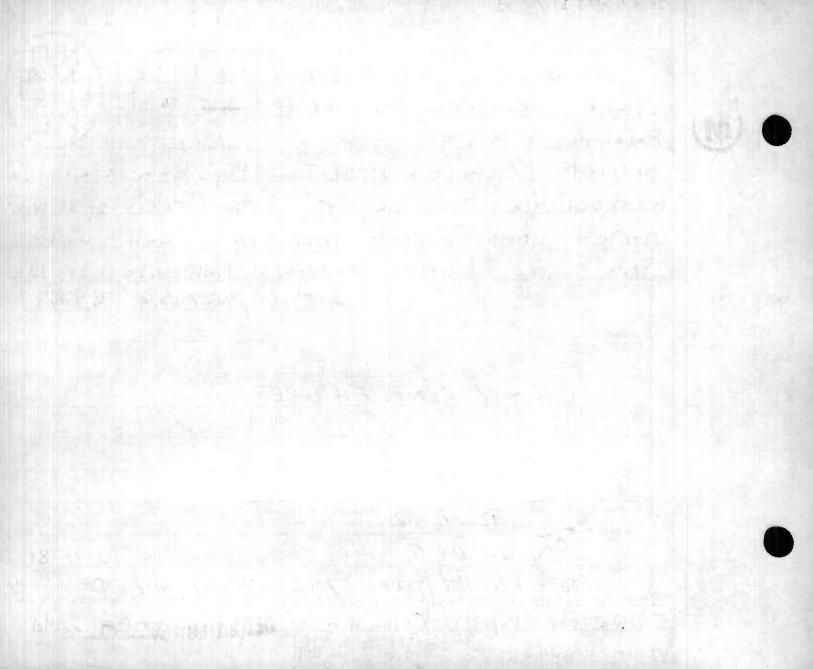
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO. 2a DATE OF DEATH 2b. HOUR 81 12 THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOUR5 rs R COUNTY OF DEATH ry County 12b. KIND OF BUSINESS OR INDUSTRY OF WORKING LIFE) Church tenhouse St.N.W. Roether Wash. D.C. 10 Rittenhouse St.N.W. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO [RY IN ITEM 18, PART I OR PART 2) COUNTY STATE , that (I) (we) last ate and hour and from the causes stated 22c DATE SIGNED STATE | Dec. 3, 1981 | St. John's United Ch. Cemetery Wermersville ? Pa.



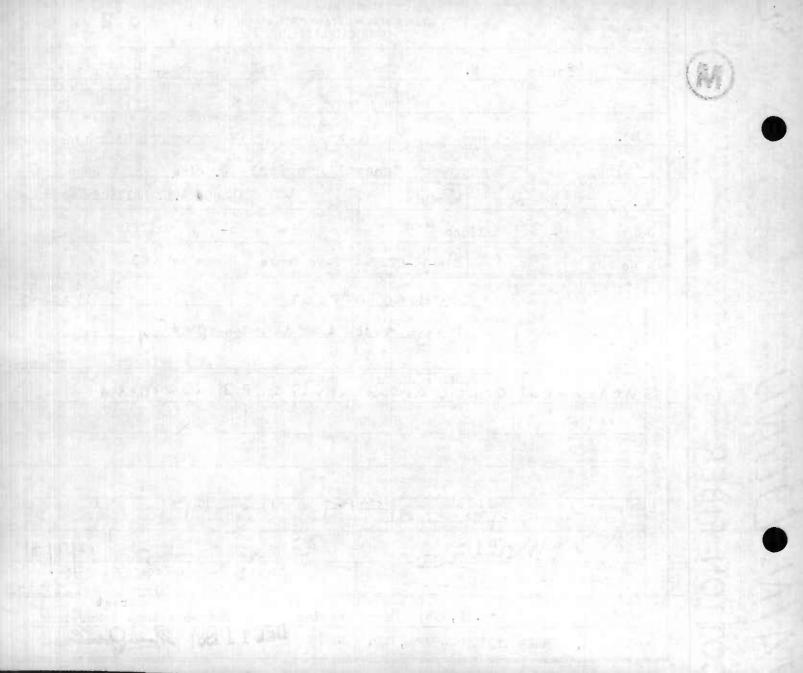


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17		1	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N			
			CEASED NAME FIRST		MIDDLE	l	AST		MONTH DAY	YEAR	2b HOUR
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¥ ¥	ba mole	Wa	lter	A.	Klippe	rt	Grace	M.		Lewi	is
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RES	e deoth cottend nove co lotion, o	100	Conditions, if ony, which gave rise to immediate	(b)	man	Wille	ow o w w	of the contraction	wight	10	
₹.	by the		cause (a), stating the underlying cause lost	DUE TO, C	RAS A CONSEQU	ENCY OF	2 thos Mel	10811/	0	170	
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P. School a Sons A. U. S. Street a troop of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH L DECEASED NAME MIDDLE YEAR 26 HOUR (TYPE OR PRINT) Jessie Faulkner 1981 December 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH DAYS YEAR HOURS 5/28/09 White Female 9 BALTIMORE CITY OR COUNTY OF DEATH H BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Md. WIDOWED DIVORCED [Montgomery County 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Olnev Montgomery General Hospita Home H. Wife W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NU SHIP PORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD 130 STATE COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 131 6080 A.E. Mullinix Road Woodbine Howard Md. tely 2 sh 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRS1 Emma Griffin Wallace John ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as # 13 214-18-0729 Faye Moore no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)
PART I, DEATH WAS CAUSED BY: phys arrest 1 hour IMMEDIATE CAUSE (0). DUE TO OR AS A CONSEQUENCE OF cardiomyopat orgestive Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT sam. @ Co. P.D. @ cachexia. CERTIFICATION 0 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19g DATE OF OPERATION 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NOR NO F YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 2 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE [December 22a.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive on 1217 and that in my) (aur) opinion deoth occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 220 DATE SIGNED 22h SIGNATURE DEGREE M D. 81 ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN * should be deto with the State IMPORTANT: H 220 ADDRESS 22d PHYSICIAN'S NAME WITE CHEMINE 18111 Prince Philip Drive Jonathan Maltz, M.D. Snite Olney Md. 20832 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Somerset 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Dec. 10, 198 Princess Anne Perry Hawkins Maryland BP 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 20879 LAYTONSVILLE, MD. FRANCIS H. BARBER (VR A 15 (4))

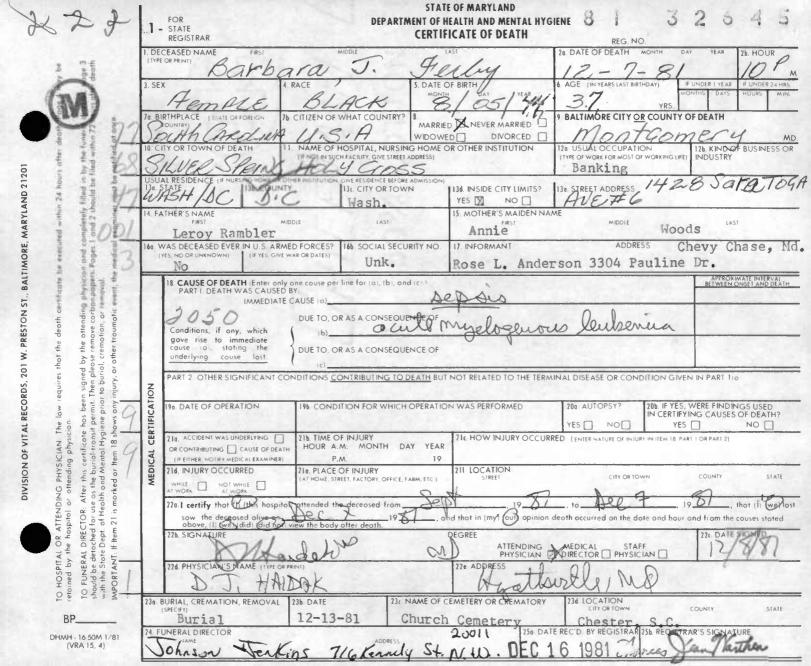


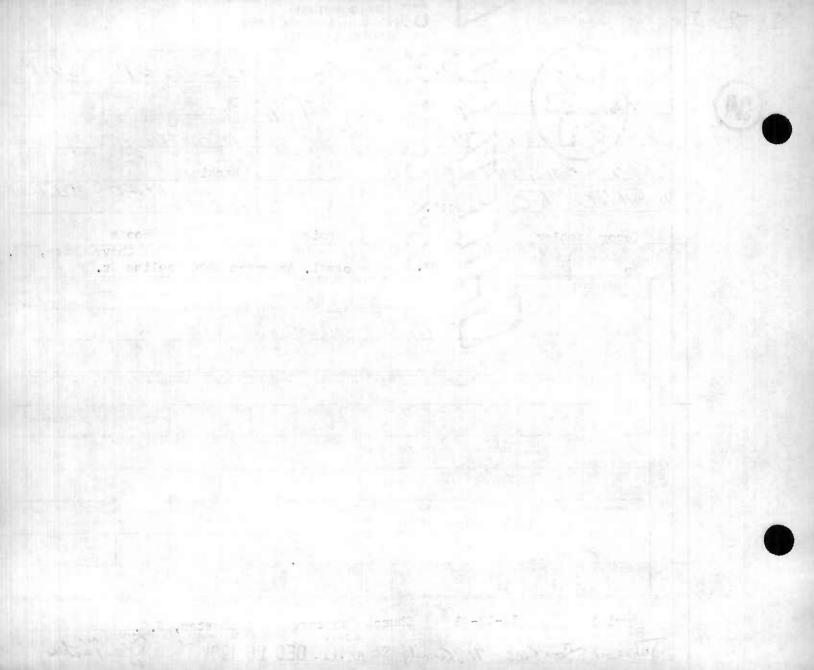
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		50				CERTIFIC	CATE OF	DEATH				
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	当 吃路车	3. SEX		4. RACE			S. DATE OF BIE			6. AGE (In years	MONTHS OAYS	IF UNDER 24 HRS HOURS MIN
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100	illed illed paper	10. CI	TY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN	ISTITUTION (If	not in hospital	120. USUAL OC	CUPATION	(Kind of work done	12b. KIND OF	BUSINESS OR
	requires that the death certificate be executed within 20 g physician. I signed by the attending physician and campletely filled by the attending physician and campletely filled burial-transit permit. Then please remave carban papa a burial, crematian, ar remaval, and so any event, within 7		Washington Grov		give street oddress) 124 Chestr	ut Ave	nue	during most of	working l	ife, even if retired.)	INDUSTRY	
3	ed car	13o. L	JSUAL RESIDENCE (Where deceose sision) STATE	d lived if in	stitution: Residence before	13c. CITY OF	R TOWN	13d. INSIDE CITY LIMITS?		EET AND NUMBER		
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80	nd cam		ATHER'S NAME First	Mid				IDEN NAME First		Middle	1110	Lost
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3	ficate be	160.	WAS DECEASED EVER IN U.S. ARME		16b. SOCIAL SECURITY		INFORMANT	Odii				
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4	phy hen nava		NO CANCE OF BEATH (5.			_	argaret	L. Faus	T .	Washington	APPROXI	MATE INTERVAL
7	ie death certific attending phys permit. Then p ian, ar remaval,		 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 	one cause	^			10-25-1			BETWEEN OF	NSET AND OEATH
	attendi permit. ian, ar r			E CAUSE (o)	pence	eali	e a	meer	_			
2	aff per ian,		1800	DUE TO,	OR AS A CONSEQUENCE OF							
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10	law ndin beer s the	101	190. DATE OF OPERATION 19b. CO	ONDITION FO	R WHICH OPERATION WAS P	REORMED	20o. AUTOR	PSY2	20b IF	YES, WERE FINDINGS CO	INSIDERED IN CI	PTIEVING
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3	ician: The pital ar at rificate had far use af Health	EE	21o. ACCIDENT WAS UNDERLYING	Josh Tu	ME OF INJURY	111. 11				y in Port 1 or Port 2, 1	101	
3	He He		OR CONTRIBUTING CAUSE OF DEATH	HOUR	A.M. Month Doy Year	210. 11	IOW INJURY OCCU	OKKED (EDIEL DOLL	ire or injury	in ron I of ron 2, 1	em 18.)	
10	Sig E po		If either, notify medical examine			9						
3	NG PHYSICIAN: The law ray the haspital ar attending for this certificate has been e detached far use as the tate Dept. af Health priar ta		21d. INJURY OCCURRED 21e. P	LACE OF INJ	URY (AT HOME, FARM, STREET, FA	21f. L	OCATION Street	or R.F.D. No.	City	or Town	County	State
0	te D	10	of work of work							./		
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	ATTE staine CTOR: shaul ith th		22b. SIGNATURE	(AAC)	ala (ala liai) view lile	budy uner	ueum.			1 22. D	ATE CICNED	
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	AL Dogge	3	22d. PHYSICIAN'S	1	12 11	^	22e. ADDR		JK —	11113.		
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	Page of FUN directs	230.	BURIAL, CREMATION, 23b. DA	ATE .	23c. NAME OF	CEMETERY OR	CREMATORY	230	. LOCATION	(City or Town)	(County)	(Stote)
	O P O ip &		REMOVAL (Specify) Burial Dec	. 31.	181 Gate	of Hear	ven Ceme			Spring, M	onte	Md.
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Alvertera, None, 2011.	2555 0 10 1537 A	Sid S. Migner	<u>.</u> 11. 112. 112.	1 1 100	

STATE OF MARYLAND

Item 5 g563 1/5/02 gj





REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECEASED NAME TROST	1					MARYLAND	23 E -3	0 1 1
DECASED NAME	11	FOR STATE			DEPARTMENT OF HEAL	TH AND MENTAL	HYGIENES	2040
Barbara Sex Forkiss	21.			ME	DICAL EXAMINER'S	CERTIFICATE	KEG. NO.	
Sex	1.		NE FIRST	VS - 0 11 1 1 1	MIDDLE	LAST	20. DATE KNOWN X	MONTH DAY YEAR 126 HOUR
SERIOR S		(TITE OR PRINT)	Barl	hara		Forkics	OF FSTI.	12 4 1081
Female White March 31 1926 57 vss State PROPERTIES 12 4 181 51 4	3	SEX		5 DATE OF BIRTH			ER 24 HRS. 2c. DATE	MONTH DAY YEAR 124 HOUR
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BE CITY OR TOWN OF DEATH BE THOSE TOWN OF DEATH BE THOSE TOWN OR TOW					MA		RRIED 🔲 }	
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DISTANCE (IF PARASSANG ONC O) OTHER PAST TURNS ON EXECUTED NO FROM THE STATE (ISE STATE ISE STATE IS STATE IN INC. 15. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)). 16. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)). 17. PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)). 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)). 10. PART I DEATH WAS CAUSED BY: 11. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)). 11. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)). 12. PART I DEATH WAS CAUSED BY: 13. STREET ADDRESS 14. III FEGREVAN AND EAST OF PRINTING IN U.S. ARRED FOR WAS COUNTY OF THE STATE OF PRINTING IN U.S. ARRED FOR WAS COUNTY OF THE STATE OF PRINTING IN U.S. ARRED FOR WAS COUNTY OF THE STATE OF PRINTING IN U.S. ARRED FOR INJURY OF THE STATE OF PRINTING IN U.S. ARRED FOR INJURY OF THE STATE OF PRINTING IN U.S. ARRED FOR INJURY OF THE STATE OF PRINTING IN U.S. ARRED FOR INJURY OF THE STATE OF PRINTING IN U.S. ARRED FOR INJURY OF THE STATE OF PRINTING IN U.S. ARRED FOR INJURY OF THE STATE OF PRINTING IN U.S. ARRED FOR INJURY OF THE STATE OF PRINTING IN U.S. ARRED FOR INJURY OF THE STATE OF PRINTING IN U.S. ARRED FOR INJURY OF THE STATE OF PRINTING IN U.S. ARRED FOR INJURY OF THE STATE OF				(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	THER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY
The County The	ile.						Editor	Heldrer Pub.
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Hugho Hugho Jouvenal Anita Dowdall	14		E	MIDDLE	IAST	15. MOTHER'S MAIL	DEN NAME	LAST
18				-7110 W 1.10	and the second second		MIDDLE	
No 553-30-7628 Victor Ferkiss Same as item 13. B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Blunt in jury to Head BINMERO AND EAST Candidions, if any, which Sover rise to immediate couse (a) talling the under lying cours last. Conditions, if any, which Sover rise to immediate couse (a) talling the under lying cours last. Out TO, OR AS A CONSEQUENCE OF Conditions, if any, which Sover rise to immediate couse (a) talling the under lying cours last. Out TO, OR AS A CONSEQUENCE OF Out TO, OR AS A CONSEQUENCE O	16	WAS DECEASE	DEVER IN U.S. AR			17 INFORMANT	ADDRESS	
18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. Blunt injury to Head		No No	(IF YES, GIVE	WAR OR DATES)	553-30-7628	Victor F	Perkiss Same as it	em 13.
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Blunt injury to Head Conditions, if any, which gove rise to immediate couse (a) stating the under- Jing couse lost. (c)			DE DEATH (Enter on	ly one cause per line	for (a) (b) and (c))	1 120001 1	CINIBB Same as It	APPROXIMATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under lying couse last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DINES SIGNIFICANT CONDITIONS CONTENDUTING TO BEAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 i.e. 196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 116. EXTERNAL CAUSE WAS 1216. TIME OF INJURY YEAR CONDITION FOR WHICH OPERATION WAS PERFORMED? 116. EXTERNAL CAUSE WAS 1216. TIME OF INJURY YEAR SUBject fell down steps 116. HOW INJURY OCCURRED (SENIER NATURE OF		PARTID	EATH WAS CAUSE	D BY:		to Hood		BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cover (a) stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c)		001	9 IMMEDIA			Опеаи		
GOVER TISE TO IMMEDIATE CONTRIBUTIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.d. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.d. 18. AUTOPSY? YESXIM NO 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 10. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING MORE CONTRIBUTING CAUSE OF DEATH 9:15 P.M. 12 3 19.81 Subject fell down steps 214 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY (AT HOME. AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy ATTORNAL AT WORK 221. I certify that I took charge of the remains described above, held an Autopsy ASSISTANT MEDICAL EXAMINER 222. I certify that I took charge of the remains described above, held an Autopsy ASSISTANT MEDICAL EXAMINER 223. BURIAL CREMATION, REMOVAL 236. DATE 234. BURIAL CREMATION, REMOVAL 236. DATE 235. BURIAL CREMATION, REMOVAL 236. DATE 236. BURIAL CREMATION, REMOVAL 236. DATE 237. SUBJECT OF HEAVEN CREMATORY 238. DATE RECOMPTING 239. DATE RECOMPTING 230. DATE RECOMPTING 230. DATE RECOMPTING 231. INCREMATION REMOVAL 236. DATE 234. FURREAL DIRECTOR JOSEPH GAVE THE SOINS INC. 236. DATE RECOMPTING 237. DATE RECOMPTING 238. DATE RECOMPTING 239. DATE RECOMPTING 230. DATE RECOMPTING 231. DATE RECOMPTING 230. DATE RECOMPTING 230. DATE RECOMPTING 230. DATE RECOMPTING 231. DATE RECOMPTING 230. DATE RECOMPTING 231. DATE RECOMPTING 231. DATE RECOMPTING 231. DATE RECOMPTING 232. DATE RECOMPTING 233. DATE RECOMPTING 234. DATE RECOMPTING 236. DATE RECOMPTING 237. DATE RECOMPTING 238. DATE RECOMPTING 239. DATE RECOMPTING		Condition	ins if any, which		AS A CONSEQUENCE OF			
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ACTUAL SIGNATURE Virginia L. Dolan, M.D. ADDRESS III Penn Street 230. BURIAL, CREMATION, REMOVAL 230. DATE (SPECIAL EXAMINER) 230. BURIAL, CREMATION, REMOVAL 230. DATE (SPECIAL EXAMINER) 230. BURIAL, CREMATION, REMOVAL 230. DATE (SPECIAL EXAMINER) 231. NAME OF CEMETERY OR CREMATORY (SPECIAL EXAMINER) 2322. DATE (SPECIAL EXAMINER) 2333. NAME OF CEMETERY OR CREMATORY (SPECIAL EXAMINER) 234. DATE (SPECIAL EXAMINER) 2356. DATE (SPECIAL EXAMINER) 236. BURIAL, CREMATION, REMOVAL 230. DATE (SPECIAL EXAMINER) 236. BURIAL CREMATION, REMOVAL 230. DATE (SPECIAL EXAMINER) 236. BURIAL CREMATION, REMOVAL 230. DATE (SPECIAL EXAMINER) 236. BURIAL CREMATION, REMOVAL 230. DATE (SPECIAL EXAMINER) 2376. DATE REC'D. BY REGISTRAIL 250. REGISTRAIL 250. BY REGISTRAIL 250. B			IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN	PART 1 (a).	
At work At work Home 4114 Edgevale Ct., Chevy Chase, Montgomery Co 226.	-	O DATE O	C OPERATION!	La cours				
ACTUAL SIGNATURE Virginia L. Dolan, M.D. ADDRESS III Penn Street ACTUAL (SPECIFY) ASSISTANT MEDICAL EXAMINER DATE (SPECIFY) ADDRESS DATE (SPECIFY) DATE		V IVO. DATE OF	FOPERATION	196. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
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AT WORK AT WOR		210. EXTERN	AL CAUSE WAS	216. TIME OF HOUR XXX	FINJURY YEAR 216	HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
ACTUAL SIGNATURE Virginia L. Dolan, M.D. ADDRESS III Penn Street ACTUAL (SPECIFY) ASSISTANT MEDICAL EXAMINER DATE (SPECIFY) ADDRESS DATE (SPECIFY) DATE		CONTRIBUT	ING CAUSE OF	DEATH 9: 15P.M		subject fel	I down steps	
AT WORK AT WOR		214 INJURY	OCCURRED	21e PLACE			4 4004	
220. I certify that I taak charge of the remains described abave, held an dutapsy X, Inspection I. Inquiry I., and in my opinion death resulted from: Natural causes I., Accident X., Suicide I., Hamicide I. Undetermined manner I., ACTUAL SIGNATURE INTERIOR OF PRINT INTERIOR OF PRIN	-	AT WORK	NOT WHILE					
death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE								Maryland
ACTUAL SIGNATURE WIRGINIA L. Dolan, M.D. ASSISTANT MEDICAL EXAMINER SIGNED 12-4-81 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 12/9/1981 Part of CEMETERY OR CREMATORY Gate of Heaven Cemetery Silver Spring Md. 24 FUNERAL DIRECTOR JOSEPH GAVE NAMES SONS Inc. 250. DATE REC'D. BY REGISTRAN 124 REGIST AND REGIS				ge of the remains des			ian L.I. Inquiry L.I., and i	n my opinion
ACTUAL SIGNATURE DATE SIGNED 12-4-81 EXAMINER'S NAME (TYPE OR PRINT) PAGE 12-4-81 EXAMINER'S NAME (TYPE OR PRINT) EXAMINER'S NAME (TYPE OR TYPE		death resul	ted from: Natu	ral causes,	Accident X, Suicide	, Hamicide	Undetermined manner,	
SIGNATURE WY TO THE COUNTY STATE SIGNATURE WY TO THE COUNTY 136 DATE 136 NAME OF CEMETERY OR CREMATORY 136 LOCATION 137 LOCATION 137 LOCATION 138 LOCATION 138 LOCATION 139 LOCATION 139 LOCATION 130 LOCATIO		ACTUAL	11.	YE	10			2475 10 4 01
(TYPE OR PRINT) VI GITTA L. DOTAII, M.D. ADDRESS 236.BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY (SPEC Burial 12/9/1981 Gate of Heaven Cemetery Silver Spring Md. 24 FUNERAL DIRECTOR JOSEPH GaWler's Sons Inc. NAME 51 30 Wisco Ave. NAMERIES Wash D.C.			LINGI	mg de	blan	M.D. Assista	nt MEDICAL EXAMINER	SIGNED 12-4-81
CTYPE OR PRINT) VITGITIA L. DOTAIT, M.D. ADDRESS TO PETIT STEET 3a, BURIAL, CREMATION, REMOVAL 23b. DATE	p	EV AMINIEDIC	NAME .		0 1 11 0		111 5	
Gate of Heaven Cemetery Silver Spring Md. 4 FUNERAL DIRECTOR JOSEPH Gawler's Sons Inc. 1256. DATE REC'D. BY REGISTRAN PAR REGIST RESIGNATION.				rginia L.	Dolan, M.D.	ADDRESS		
FUNERAL DIRECTOR JOSEPH Cawler's Sons Inc.		BURIAL, CREMA	TION, REMOVAL		23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION	COUNTY STATE
A FUNERAL DIRECTOR JOSEPH GWIET'S SONS INC. 1250. DATE REC'D. BY REGISTRAN 1/40 R						aven Cemete	ry Silver Sprin	g Md.
5130 Wisc. Ave., N.W. Wash., D.C. DFC 1 1 1981 Ohenes	2	FUNERAL DIRE	CTOR Joseph	h dawler's	s Sons Inc.	25e. DAT		NS SIGNAMU
		5130	Wisc. A	ve., N.W.	Wash., D.C.	UF	1 1 1981 Manes	Year Marie

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Sign also ave. It. ench., o.c. OFD 1:1981 Acces Valley

requires that the death certificate be executed within 24 haurs after

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

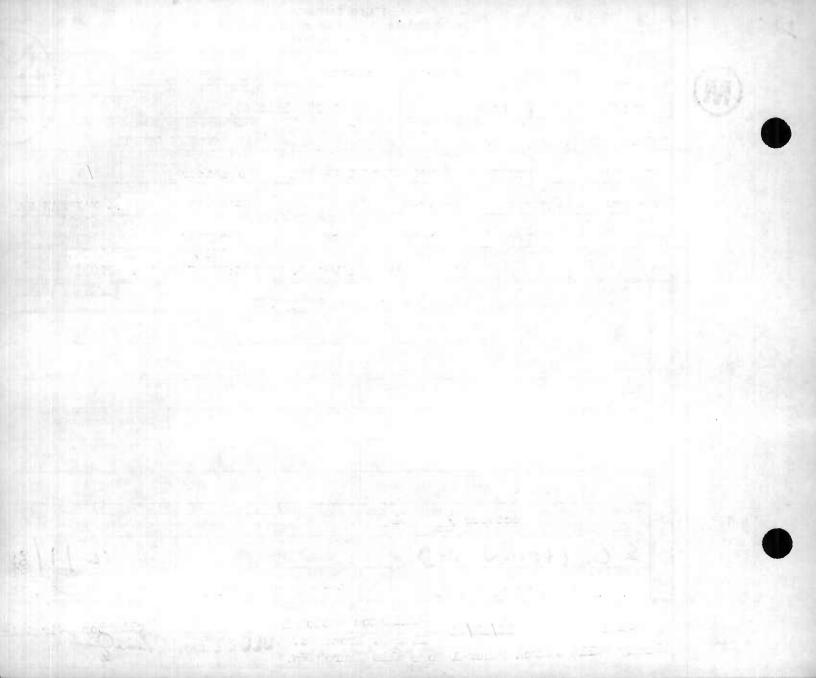
		REGISTRAR				CERTIF	ICATE OF DEATH	DE/	6. NO.		
		CEASED NAME	FIRST	A	AIDDLE	l l	AST	20. DATE OF DEAT		DAY YEAR	26 HOUR
1	(179	EL	IZABETH	F	PACKER	F	IELDS	DECEMBER	9, 19	81	3:05 a
)	3. SE	X	4 RA	CE		5. DATE C		6 AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS
1		FEMALE		CAUC		DECE	MBER 28, 1912	69	YRS	MONTHS DAYS	HOURS MIN.
50		IRTHPLACE (STATE OR F	OREIGN 7b. CI	TIZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CIT		TY OF DEATH	
15		ILADELPHIA	, PA	USA		WIDOWE		MONTGOME	RY COU	NTY	MD.
1	10 C	ITY OR TOWN OF DEA			OSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCU			F BUSINESS OR
5		THESDA	NA NA	TIONA	AL NAVAL	MEDIC	AL CENTER	Homemake		INDUSTRY NA	
§ 3	13a. :	AL RESIDENCE (# NUFT STATE RGINIA	FAIRFAX		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN FAIRFAX		13d. INSIDE CITY LIMITS?	13e STREET ADDRE 8914 LYN	, NHURST		
O Daine	14. EA	ATHER'S NAME	MIDDLE		LAST		15. MOTHER'S MAIDEN NA/	ME		220	31
<u>\$79</u>	J0	HN	BLAC		PACK	ER	MARY	CORNELI	A	YOR	
dicol)		WAS DECEASED EVER	IN U.S. ARMED F		166 SOCIAL SECU	RITY NO.	17_INFORMANT	8914	LYNNHU	RST DRIV	E
E -	NO				224-68-1	196	LEWIS J. FIE	LDS:FAIRF	AX, V.	. 22031	
Ę		18 CAUSE OF DEATH	I Enter only one	cause per	line far (a), (b), and	(c).1				APPROXI BETWEEN C	MATE INTERVAL
haws any injury, ar ather t	CERTIFICATION	19a DATE OF OPERAT	g the lost D	(c) ITIONS <u>CO</u> 96 CONDIT	TION FOR WHICH (EATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN TIFYING CAUSES YES [∜GS USED
2		210. ACCIDENT WAS UND OR CONTRIBUTING C		HOUR A.A	injury A. Month da	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
tem d	MEDICAL	(1F EITHER, NOTIFY MEDIC 21d, INJURY OCCURR		P.A		19	THE LOCATION				
e pa	ME	WHILE IT NOT WHI	1 (/		ET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY	RIOWN	COUNTY	STATE
IMPORTANT: If Item 21 is marked ar		220. I certify that % saw the decease abave. (I) (we) (d 27b. SIGNATURE 22d. PHYSICIAN'S NA E. L. WO	ME (TYPE OR PRINT)	The bpay of	MD.		CTOBER 1981 d that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN [27e ADDRESS] NATIONAL NAV	MEDICAL DIRECTOR PH	STAFF YSICIAN XX	22c. DATE :	SIGNED 81
≥	23a. E	BURIAL, CREMATION, I			23c N		METERY OR CREMATORY	23d. LOCATION		COUNTY	
		Burial		12/11			n National		Ar	lington	Wirgini
81		uneral director urphy Falls			110:	2 W.	Broad St. 250 Church, Va.	TO 12 BY REGISTI	AR 25b. REGIS	STRAR'S SIGNAT	Ware

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed with with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any



Pages 1 and 2 sh

other troumotic

If Hem 21 is morked or Hem 18

22b. SIGNATUR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

REG	NO

9	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.					
	I. DECEASED NAME FIRST		MIDDIE LAST				20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
Ч	JAME	S A	LOYSIUS	F	ISHER	DECEMBER	16, 1	1981 8:46				
	3. SEX	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS			
	MALE	C DÉCEMBER 1,1917			64	YRS.	ONTHS DAYS	HOURS MIN.				
4	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O						
2	VIRGINIA		WIDOWE		MONTGOMERY COUNTY							
-	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120. USUAL OCCUPATE			OF BUSINESS OR			
	BETHESDA	NATIONA	L NAVAL M	EDICA	AL CENTER	Retired		U.S. Militar				
1	USUAL RESIDENCE (IF NURSING YOUR 130. STATE	AE OR OTHER INSTITUTION	130 CITY OR TOWN		113d INSIDE CITY LIMITS?	13e STREET ADDRESS						
2	VIRGINIA W	AKE	WAKE		YES NO X	BOX 180 I, WAKE, VA 23176						
-	14 FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME						
V	THOMAS	FISHE	R	ELLA	MAY	PHRIES						
7	160. WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	16412 JEFFERSON DAVIS HWY							
1	YES 194	230-09-1	788	DONALD FISHER	R: COLONIAL HEIGHTS, VA. 23834							
THE PERSON	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	BETWEEN	IMATÉ INTÉRVAI ONSET AND DEATH									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
1	Z O CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NOT YES		, WERE FINDINGS USED YING CAUSES OF DEATH?				
?		DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR		770 [2]					
	OR CONTRIBUTING CAUSE OF		EET, FACTORY OFFICE, FA		21f. LOCATION STREET	CITY OR TO	COUNTY	STATE				
	22a.1 certify that (I) (this has a saw the deceased alive above. If I was did it is	aff)	19		CEMBER , 19 81 and that in (my) (our) opinion of	to 16 DECE death occurred on the do		7	that (1) (we) last couses stated			

TO FUNERAL DIRECTOR: After this certificate his hould be detoched for use as the buriol-transit part the State Dept. of Health and Mental Hygien retoined by the hospital TO HOSPITAL IMPORTANT: BP. DHMH - 16 50M 1/81 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The

230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) Burial Dec.

LCDR.

USNR 230 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

NATIONAL NAVAL MEDICAL CENTER, BETHESDA, Arlington National Cemetery

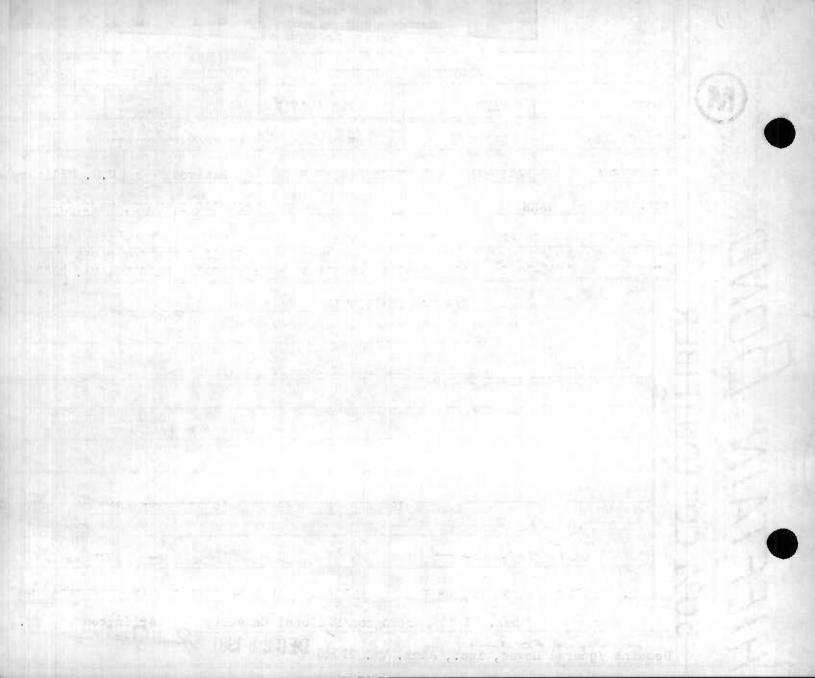
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Arlington

224. DATE SIGNED

⁵¹Va.

Demaine Fineral Homes, Inc., Alex. Va. 22314



Homes, P.A., Bethesda, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

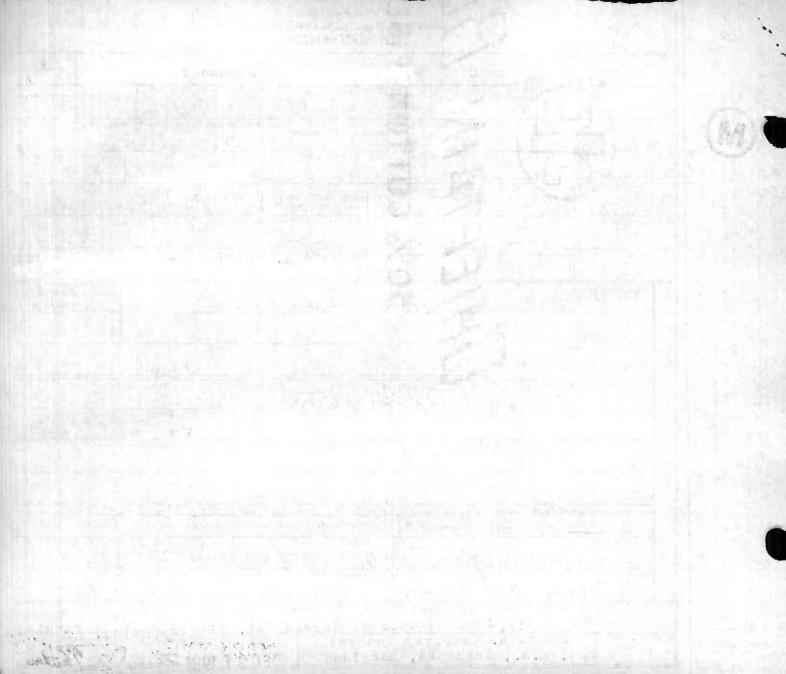
CERTIFICATE OF DEATH

FOR

REGISTRAR

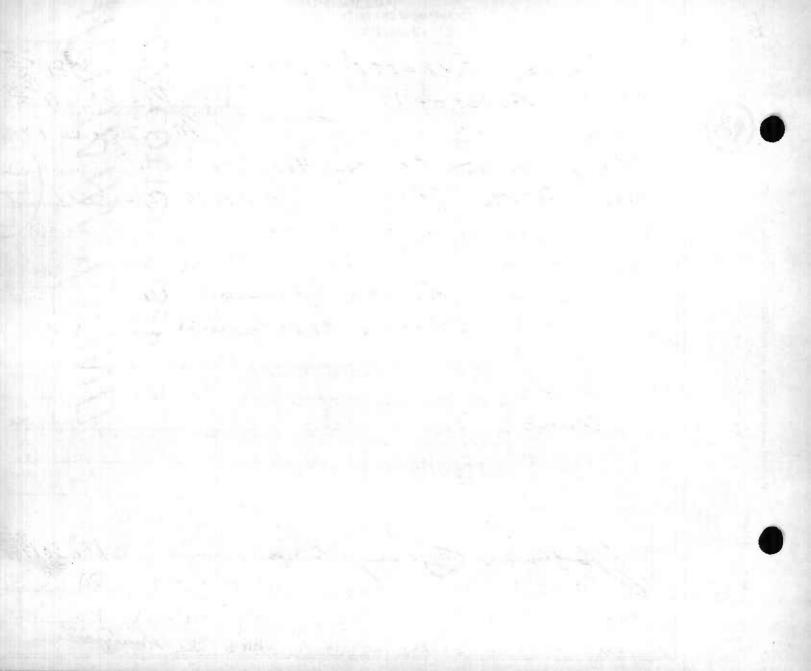
- STATE

(VRA 15, 4)



4	1-	FOR STATE				MENT OF H	EALTH		ENTAL H		TH	3 2	2 0 5	Ü
: 79.5° H	(TYPE OR PRINT) William T							MONTH		2:47F				
ON STREE		male	white	5. DATE OF BIRTH MONTH DAY AUG 29	YEAR 1898	6 AGE (IN YEA LAST BIRTHDA 83	rs IF UNE	DER 1 YR.	IF UNDER 2	MIN.	2c. DATE PRONOUNCED DEAD	MONTH 12	30 181	2d. HOUR 2:47F
NECESSION OF PRESTOR	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NORTH CAROLINA 10. CITY OR TOWN OF DEATH Bethesda					MARRIED NEVER MARRIED WIDOWED ** DIVORCED				9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery County SUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS				
DELAY IS NECE 3 TO THE FUNE N PAGE 5 FO BE FILED. WITH DDS, 201 W. PRI						L	FOR MOST			MOST OF WORKING LIFE)		OR INDUS	OR INDUSTRY NAYY DEPT.	
., BALTIMORE, MD. 21201 RS AFTER DEATH. IF ANY DELY B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P T. PAGES I, AND 2 SHOULD BE DIVISION OF WITH RECORDS,	13a. S	Maryland	d 136 COUN	Tgomery	13c. CIT	or town thesda		AEZXX ISP INZIDE CL	NO 🗆	5	721 Gros	venor	Lane	
BALTIMORE, MD. 21201 S. AFTER DEATH IF ANY GIVE PAGES 1, 2, AND. TITH FORM PM. 3. RETA PAGES 1, AND 2 SHOULI VISION OF WHALRECO	14. FATHER'S NAME FIRST ILAST IS. MOTHER'S MAIDEN NAME FIRST UNITAGEN UNITAGEN IONITAGEN IONI							ŁAST						
ST., BALTIM COURS AFTER 1B. GIVE PP. 1 S. WITH FOO MIT. PAGES IE, DIVISION	(Y	ES, NO, OR UNKNOW YES	(IF YES, GIVE	war or Dates) - 1943 ly one couse per line	170-	14-666			FRON	ck	GIENNO	BOOD LUC	ROAD APPROXIMA	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 17 THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR 18 WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE GEGE STHOULD BE USED AS A BURIAL- TRANSIT PERMITSTATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE, 17 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NOI	gave rise cause (o) s lying couse	, if ony, which to immediate toting the <u>under-</u> e lost.	(b)	AS A CON	NSEQUENCE O	F	OR CONDITION		1 1 (a).				
F VITAL RESPONDE WORD "PE E CHIEF A DE USED A	CERTIFICATION	19a. DATE OF C		ITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY? YES □ NO 【】				
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROBE TO THE CHIEF AS 3 SHOULD BE USE EDEPARTMENT OF HE TO FROOR TO BURIAL	MEDICAL CER		OR G CAUSE OF E		I. MONTH	19			OCCURRED	(ENTERN	iature of injury in ite	M 18 PART I OR F	'ART 2)	
DIVISIC WRITING WARTING VARDED TO PAGE 3 SH FATE DEPAI	WED		NOT WHILE C	21e PLACE (STREET, FAC	OF INJURY TORY, FARM, E		21f. LOC	ATION REET			CITY OR TOWN	c	OUNTY	STATE
MEDICAL EXAMINER CUTE THE CERTIFICAT OF 4 SHOULD BE FOI FLINEST DIRECTOR TEMPORE, MARYLAND	-	228. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry, and in my opinion death resulted from: Natural couses, Accident, Suicide, Homicide Undetermined monner, ACTUAL SIGNATURE												
BP	24. FU	BURIAL JNERAL DIRECTI NAME	OR	ADDRESS	CE		1 CEM	ETER		23d. LO CITY C PSCY EQD. BY	CATION PRIOWN THOUD PRIOR PRIO	COLUMN STATE	SIGNATURE	TATE

1	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES	2051
D	1.	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST		MONTH DAY YEAR 26 HOUR
W-1-10-1	(TYI	E OR PRINT)	Fuzzat FANSUT ho DEATH MATED	20,01 337
28.28.2E	2.05	14 RACE	20 6 1123 1 014 010	60001
A S T S E	3. SE		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY TON
X26E3		n w	Nevero4 77rs. DEAD VCC	-38 1987 =M
		RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR	COUNTY OF DEATH
阿斯斯 姆 / /-	P	PEICH COUNTRY)	WIDOWED DINORCED Man	Xa - ma LV.
1377	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF	WAK 176 KIND OF BUSINESS
X ESESI	1		[IF NOT IN SUCH FACILITY, GIVE STREPT ADDRESS]	OR INDUSTRY
TOPREDE		Uncy	Monto General Hosp leuchen	Felucktion
S. 21201 IF ANY DEL SHOULD BE SHOULD BE		AL RESIDENCE (IF IN MURSING HOMI TATE 13b. COM	NTY 136 CTY OF TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS	
21201 21201 AND 3 RETA HOULE	130. 3	Md /	long Olner YES NOT 17210 OL	star/a
D.2	14 E	ATHER'S NAME	IS, MOTHER'S MAIDEN NAME	arestance
ATH. IF PM 3. ND 2 SI 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		FIRST	MIDDLE LAST PIRST MIDDLE	LAST
	1	ISAAC	N/A FORSUTHE SARAH MA	GARRETT
TER PA	160.	VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GM	NAMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 19	Laokentciz
BALTIMORE, S. GIVE PAGES WITH FORM P. PAGES TANI DIVISION OF	1		one 211-20-0125 Mas ANNE Briggs Che	STER TOWN. MA
, a .> . o			anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
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DHMH - 17	74.1	NAME	ADDRESS	Cara Harry
(VR A15 ME (5))	V	V.W Chambe	ens Co Silven Span Mc JAN 4 1984 Min	
15M 2/80	-			



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N E B D E A		death resulted from	: Notura	l couses 🔣 ,	Accident . Su	ricide 🔲	, Hamicide	Undetermined mar	iner,		
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01-~	(5	PECIFY)	LINOTAL Z3					CITY OR TOWN			ATE
BP	24.51	Burial	110	12/23/8	L Chelte	nham	Cemetery	Che]	tenham.	Maryland	
DHMH - 17	24 11	Tyson	Wheel	Ler Fune	ral Home, kville, Ma	Inc.	nd DE		A REGISTRAR'S	SIGNATURE	
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Old Jeprestown Md. Nethouds, Md.

Burial 11/25/51 Chelconham ometery Uncliented, Naryland Tyson sheets Paneral Home, Inc.

12h KIND OF BUSINESS OR Housewife INDUSTRY 11807 Indigo Road Marguerite M. Williamson Same as above 07 3246 Francis Francella (Husband) I HO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN TO DIRECTOR PHYSICIAN T Buria1 Silver Spring Mont. Md. 12/11/81 Gate of Heaven ²⁴ FUNERAL DIRECTOR Hines/Rinaldi 11800 N.H. Ave.S.S.Md. DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Francella

REG NO.

26 HOUR

11

IF UNDER 24 HRS

PM

1981

IF UNDER I YEAR

20 DATE OF DEATH

- STATE

REGISTRAR

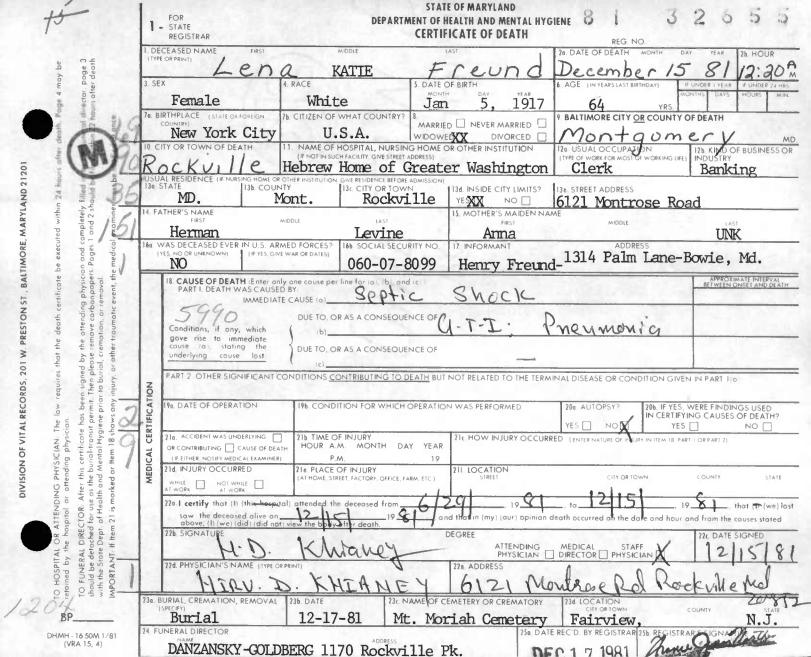
DECEASED NAME

Eleanor

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ial	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		2054
ogs a	(TYP	CEASED NAME FIRST	1 S,	FREAS	DECEMBER 22	1981 2:20 M
- (00)	3 SE	MALE	WHITE	5. DATE OF BIRTH MONTH 12 10 1894		IF UNDER 1 YEAR IF UNDER 74 HRS
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1 4 1 1 9		OLNEY	(IF NOT IN SUCH FACILITY, GIVE STREE MONTGOMERY GE	NG HOME OR OTHER INSTITUTION TADDRESS) ENERAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE GEN. FOREMAN WA	126 KIND OF BUSINESS OR INDUSTRY SH. GAS AND LIC
AND 21	M.	ALYLAND MON		PRING YES X NO [130 STREET ADDRESS Chisio	icket
E, MARYL couted within completely s 1 and 2 s 1 and 3 s		ATHER'S NAME FIRST LEVI WAS DECEASED EVER IN U.S. AR	MIDDLE LAST S. FREAS RMED FORCES? 166 SOCIAL SEC		MIDDLE	MENZE
LTIMOR be exected to no ond ers. Poges		YES NO OR UNKNOWN) (IF YES, GIV	ve war or dates) 577-07-	7283 STELLA V. F		
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201 W. PR es that the ned by the please rem urial, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	(c)	DEATH BUT NOT RELATED TO THE TERM		years
te low require on. hos been sign permit. Then permit. Then permit ob but one one of the control	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED (ING CAUSES OF DEATH?
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DIVISION OF VIT	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM_ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI he hospitol or DIRECTOR: A oched for use Copt. of Heal	200	sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	atol) ottended the deceosed from 21 5 Ee 19- 11 view the body ofter death.	S / , and that in (my) (cor) opinion	deoth occurred on the dote and hour MEDICAL STAFF DIRECTOR PHYSICIAN	9 8/, that (I) (we) lost and from the couses stated 22c. DATE SIGNED 22 Dec 5/
O HOSPITAL efoined by the FUNERAL should be det with the Stote Mith ROSTANT:		22d PHYSICIAN'S NAME (TYPE OF	S. Belav	22e ADDRESS Lei	sure world M ver Sprengima	0
0055°3°		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY FT. LINCOLN CEMETE		PRI GEO MO.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME FRANCI 500 UNIV BLVD	S J COLLINSORESS W. SILVER SPRIN	G.MD. 20901 DE	C 2 8 1981	AR'S SIGNATURE

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1		for state registrar			STATE OF MARYLAND IT OF HEALTH AND MENTAL ERTIFICATE OF DEATH		3 2	056
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	3 SE	Male	4 RA∕CE White	5	DATE OF BIRTH 89 AR 12 - 28 - 81	6. AGE (IN YEARS LAST BI		
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er myst b	130.		or other institution, give residently 13c City (or town ver Sp	ring YES X NO		zern Avenue	
examin		ATHER'S NAME FIRST UNKNOWN		AST		NAME		tast
e medical	160	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	al SECURITY 01–931		11212° dman - Belts	Cherry Hil	1 Rd. 20705
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ather tro		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COL	nseouenc	EOF Agpreati	w 7		
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T. If hem		226. SIGNATURE D.	Khano	M	DEGREE ATTENDIN PHYSICIA		AFF V	2 28 81
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IMPO	23a	BURIAL, CREMATION, REMOV.		232 NAM	ME OF CEMETERY OR CREMATO	tery Staten	Island-Ric	chmond-N.Y.
7/77	24.1	UNERAL DIRECTOR 1170 1	Rockville Pike	Rock CHAPEI		JAN 4 1982	R 251/P GISTRA'S I	DAY/NE

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME FIR	RST /	MIDDLE		LAST		MONTH DA	Y YEAR	2b HOUR	
	W	illiam Leroy	Frost				DEC]8]9	18]		4:]5 _{p м}	
	3. SE.	X	4. RACE				6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS	
	M	ale	Caucas	ion	Mag	ch 02]928	53	YRS.	DNIHS DATS	HOURS MIN.	
-	7a BI	RTHPLACE (STATE OF FOREIG	ON TE CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH		
8		ass.	USA		WIDOWE		mo	NT		MD	
	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI		126. KIND O	F BUSINESS OR	
1	В	ethesda	MNMC, Be	ethesda,	MD.		RESEARCH A			NAVY	
-	USU, 13a S	AL RESIDENCE (IF NURSING H	OUNTY	GIVE RESIDENCE BEFORE		113d INSIDECITY LIMITS?	13e. STREET ADDRESS				
3	V	irgina F	airfax	Sprinfie		YES NO X	67]3 Green	view I	n.		
6	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS		
18	W	illiam H.M.				Gladys H. Fi			LAS		
						ADDRE	SS				
>			53-1973	554-38-8	1]98	Yolande Frost	6713 Green	view L	n. Spr	ingfield	
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		Conditions, if any, who	ich (16) m	ent with	left						
		couse (a), stating t	he DUE TO, OF	AS A CONSEQUE	NCE OF	Anterior and	posterior	ven-			
			(c)	ricular v		thinning.					
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
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	CERTIFICATION	21g. ACCIDENT WAS UNDERLY	NG 21b. TIME O	FINJURY		21c. HOW INJURY OCCURR	YES NO	YES		NO 🗌	
7		OR CONTRIBUTING _ CAUSE	OF DEATH HOUR A.	M. MONTH DA		The state of the s	LED LEWISK NATURE OF INJUR	IT IN TIEM IS PAK	TIORPARIZ		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EX	AMINER) P.A 21e. PLACE C		19	211 LOCATION					
	ME	WHILE NOT WHILE	CAT HOME STRE	EET FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
		220 1 certify that (IX) this	hasnital) attended the	decented from	MAR	12 10 81	Dec 18	1.0	81	X	
		saw the deceased al	ive on Dec 18	19	XI	nd that in (my) (aur) apinion o	, 10	ate and havr c		that (1) (we) last	
		above (lywe) (alid) (did not) wew the body o	atter death.		DEGREE			22c DATE		
	(Herry 6	War.	99 14	n	ATTENDING	MEDICAL STAF		196	D. D.	
	1	PHYSICIAN'S NAME	(TYPE OR PRINT)	LL L	. / / / 4	PHYSICIAN [DIRECTOR PHYSIC	IAN	11/10	6001	

BP.

DHMH - 16 50M 1/8I (VRA 15, 4)

MPORTANT: If He

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

Demaine Funeral Chapel Springfield, Va.

23b. DATE

Dec. 23,81

231 NAME OF CEMETERY OR CREMATORY Arlington Natl. 23d LOCATION
CITY OR FOWN
Arlington, Virginia 250 DATE REC'D. BY REGISTRAR 250 APPSISTRAR'S SIGNAL DEC.

	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 0 5 8		
		CEASED NAME FIRST OR PRINT) JOS CD	MIDDLE	6	nari		181 5:50 M		
	3. SE	MALE	4. RACE CAUCASIAN	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 80 YRS	FUNDER I YEAR IF UNDER WHRS		
	n) ci	TTALY IT OWN OF DEATH TAKOMA PARK	76 CITIZEN OF WHAT COUNT U.S.A. 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S WASHINGTON AT	MARRIEI WIDOWE		9 BALTIMORE CITY OR COUNTY MONTGOMERY 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIT IRON WORKER	MD. 12b. KIND OF BUSINESS OR		
50	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 138 COUN MARY LAND MONT ATHER'S NAME FIRST CHARLES	OTHER INSTITUTION GIVE RESIDENCE BY TY GOMERY SILVER MIDDLE LAST FURNA	SPRING	13d. INSIDE CITY LIMITS? YES XXX NO 11 15 MOTHER'S MAIDEN NAI FIRST ALFINA	ME MIDDLE	BLVD., WEST		
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	30-6112	17 INFORMANT COSMOS FUR	ADDRESS	13 WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		Conditions if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF	14	ANT DISTAN	5 YEARS		
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART OF TH	ONDITIONS CONTRIBUTING 196 CONDITION FOR WE CLAUBICA	TO DEATH BUT NO HICH OPERATION TO ON	Cotherin C		S, WERE FINDINGS SED FYING CAUSES OF DEATH?		
2	MEDICAL CER	210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHILE NOT WHILE CONTINUES		19	21c. HOW INJURY OCCURE 21f LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 F	COUNTY STATE		
1		220. I certify that (I) this hospital of ottended the deceased from Sow the deceased alive an above (I) well (did not) view the bady after death. 220. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA							
	00. 5		L CRUZE	20 11415 5 7 7		PRING, MARYLAND			
		BURIAL, CREMATION, REMOVAL (SPECIFY) RURTAL	12/24/81		F HEAVEN	23d LOCATION CITY OR TOWN SILVER SPRING	MONT STATED.		

REGISTRAR 256 REGISTRAR'S SIGNATURE

DEC 28

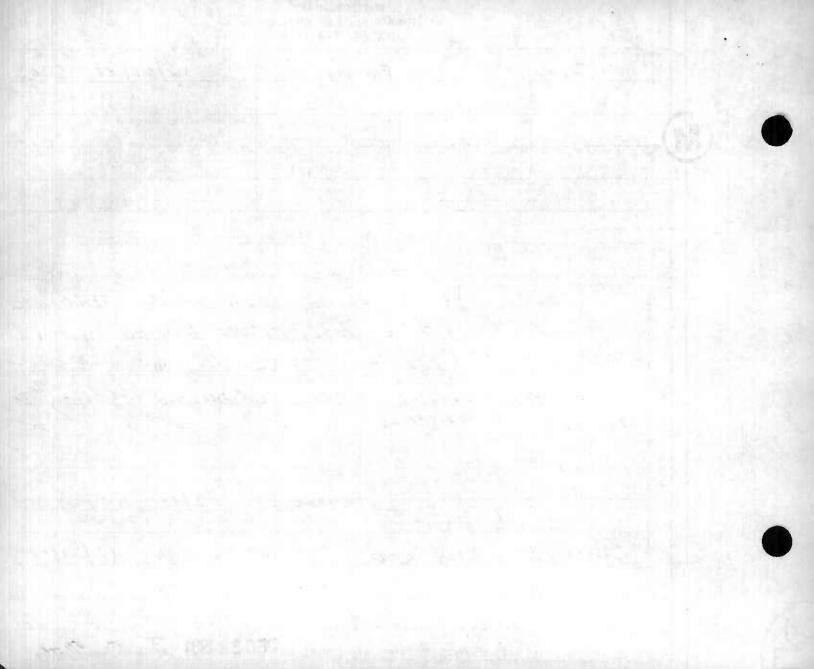
DHMH - 16 50M 1/B1 (VRA 15, 4)

PIIRTAL 24 FUNERAL DIRECTOR

500 UNIV BLVD , W., SILVER SPRING, MD.

FRANCIS J.

COLLINS



W. PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

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10			FOR STATE			HEALTH AND MENT		1 3	40	ט ט
			REGISTRAR	ME	DICAL EXAMIN	ER'S CERTIFICA	TE OF DEATH	REG. NO.		
			CELIDED LAWIE	RST	MIDDLE	LAST	2a. DA	E KNOWN A	NTH DAY YEA	R 2b HOSE
	BLANK WILL	(TYP	E OR PRINT)	xIne	An	6-3/	OI DEA	TH MATED		7 0
	# CHOSE	3. SEX		5. DATE OF BIRTH	16 AGE (IN YEA	RS IF UNDER 1 YR. IF U		120	ATH DAY TE	AR 24 HOLIR
	교교	J. JL7	por land	MONTH DAY	YEAR LAST BIRTHDA	Y) MONTHS DAYS HO	DURS MIN PRONC	ATE MON	_	AR 2d. HOUR
	E SE SE		to w	July 2	513 6 89R	S.		AD De	7 19	DY OM
1	S. 3. P. 1		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED NEVER	MARRIED 9. BAL	TIMORE CITY OR CO	UNTY OF DEATH	
	DA.	FI	ndiana	U.S	.Λ.		IVORCED	Man	+ - 12	- ~ 1 MD
1	SE S	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME,	OR OTHER INSTITUTION	N 120 USUAL OC	CUPATION (TYPE OF W	ORK WY KIND OF	BUSINESS
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	0	0. 1 82.	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS	D. D.	A. FOR MOST OF		OR INDL	
	IF ANY DELA 2, AND 3 TO 3. RETAIN PR SHOULD BE FAURECORDS.	USUA	AL RESIDENCE (IF IN MIRSING	HOME OR OTHER INSTITUTION, GI	VE RESIDENCE REFORE ADMISSIO	Y and	Sale Sale	sperson	Cosme	tics
20]	NAY DELLANY DE	1,3a. S	TATE 13b. C	COUNTY	13c CITY OR TOWN	13d. INSIDE CITY LI		DRESS 117	101	
2120]	A A B S B		18/20	monse	10110	DO YES N	10-15 39 0 1	Dee Ily	el dif	pt 3
8		14. F/	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S	MAIDEN NAME	MIDDLE	LAST	0 /01
m,			Paul		Taylor	Mabe	-1	E.	Penner	•
Q	00 X 70 -		VAS DECEASED EVER IN U.S		16b. SOCIAL SECURITY		1	820 ADPRING S		
BALTIMORE, MD.	JRS AFTER DE S. GIVE PAGE WITH FORM I. PAGES TAN DIVISION OF	(Y		S, GIVE WAR OR DATES)	212 00 5/1	OF Manole				
	URS AF WITH T. PAC DIVISI		No L	None	313-09-54	55 Marek	W. Pyka p	hiladelphi		
1.	200>		18. CAUSE OF DEATH (Ent PART I DEATH WAS CA	ter anly ane cause per line AUSED BY:	far (a), (b), and (c).)	1 11		1.17.	BETWEEN O	MATE INTERVAL
Z C	A E E E E E E E E E E E E E E E E E E E	22		EDIATE CAUSE (a)	Cu	te /in	10 Car	Merk	~	
STO	A A A A A A A A A A A A A A A A A A A	73	4291		AS A CONSEQUENCE C)F				
28	E SAN PAS		Canditians, if any, y gave rise to imme							
W. PRESTON ST.,	A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		cause (a) stating the <u>u</u>		AS A CONSEQUENCE C	F				
	CUTED WITHIN 24 HO "" IN PENCIL IN ITEM I IE EXAMINER ALONG JRIAL - REANSIT PERMI ND MENTAL HYGIENE TION, OR REMOVAL		lying cause last.							
DIVISION OF VITAL RECORDS, 201	D BE EXECUTED WITHIN SENDING" IN PENCIL IN WEDINGL EXAMINER ALS A BURIAL - TRANSIT ALT AND MENTAL HYSON OR REMONED TO BE A SEMATION, OR REMONED TO BE A SEMATION, OR REMO		PART 2 OTHER SIGNIFICANT CONO	ITIONS CONTRIBUTING TO DEATH	BUT NOT PELATED TO THE TERMI	NAT UICEACE OB CONDITION CIN	EN IN BART 1			
080	D BE EXE ENDING MEDICA AS A BL SALTH AI CREMA	z	111.	CONTRIBUTION TO BERTIE	SOL HOL KEENIEG IO THE LEMMI	NAL DISEASE DE CONDITION GIVI	EN IN PART 1 (0).			
2	"PENDINGE E MEDICE AS A I HEALTH	1 2	19a DATE OF OPERATION		TION FOR WHICH OPEN	ATION I WAS BEREGRADES	20		Too issues	-
4	つつ 三 の 上 二 /	CERTIFICATION	170. DATE OF OPERATION	196. CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED	J?		20 AUTOF	
VII	X S A D D S S		ron	re					YES	NO
- O	ARTING THE WOR ARDED TO THE CH GE 3 SHOULD BE L THE DEPARTMENT CA TO PRIOR TO BUR	9	21g. EXTERNAL CAUSE WA		FINJURY L. MONTH DAY YEAR	21c. HOW INJURY OC	CURRED LENTER NATURE C	FINJURY IN ITEM 18 PART 1	OR PART 2)	
Z	SE OSES	3	UNDERLYING OR CONTRIBUTING CAUSI							
) SI	SH SH	MEDICAL	71d INJURY OCCURRED	71e PLACE	OF INJURY (AT HOME.	211. LOCATION				
Div.	S C S C S C S C S C S C S C S C S C S C	3	WHILE NOT WHILE AT WORK	E STREET, FAC	TORY, FARM, ETC.)	STREET	CITY O	RTOWN	COUNTY	STATE
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		AT WORK - AT WORK							
100	SH SON SHE		22a I certify that I taak	charge of the remains des	cribed abave, held an	Autopsy, Ins	spection Inqu	iry . and in r	ny apinian	
1	MIN HE FINANCE HE FINA		death resulted fram:	Natural causes	Accident , Sui	cide , Hamicide	Undetermined	I manner .		
	ARIA ARIA			1	1	TITLE (SPEC	CIFY)			
	A. A.		ACTUAL SIGNATURE	660	1150	Aire	MEDICAL EX	D	ATE Des-	11977
	WEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1	SIGNATURE	Va	0	The state of the s	MEDICALE	AMINER SI	GNZD	1
	SE TON	-	EXAMINER'S NAME .	John S. Roge	rs	ADORESS 19	919 Seminar	y Rd. Silv	ver Sprin	g. Md.
	TO ME EXECU- PAGE TO FU	-	1	Maria de la companione de		ADDRESS				
	F m g F 4 80	73a.B	URIAL, CREMATION, REMOVE	CONTRACTOR OF THE PARTY OF THE	THE PARTY OF THE P	NETERY OR CREMATORY	23d. LOCATIO CITY OR TOWN		COUNTY	STATE
270	BP	_	Rurial	12/10/81		Heaven Cem.	Silve	r Spring N	iont.	Md
200	DHMH - 17	24. F	UNERAL DIRECTOR TYS	son Wheelers	Funeral Home	e, Inc. 250.	DEC 16 15	GARCA	SIGNATURE	-
	(VR A15 ME (5))	13	31 Rockville	Pike Rocky	ille. Marvl	and	10 13	Ol chances	Jan/ la	were
	15M 2/80									

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hand all words only allivious if I

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10.	
DEATH	MONTH	

	I. DECEASED NAME FIRST	WIDDLE	U	AST	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
	MANUEL L. GALLE	GOS			DECEMB	ER 31,	1981	2209 P
	3 SEX	4. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HR
	MALE	CAUCASIAN	AUGU	JST 5, 1923	58	YRS	MONTHS DATS	HOURS MIN
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIET	XX NEVER MARRIED	9 BALTIMORE CI	Y OR COUN	TY OF DEATH	
f.	COLORADO	UNITED STATES	WIDOWE		MONTGOM	ERY		٨
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			12a USUAL OCCU	PATION		OF BUSINESS O
1	BETHESDA	NATIONAL NAVAL		L CENTER	RETIRED	N.I.	H. BUILD	ING ENG
5	USUAL RESIDENCE (IF NURSING HOME O 13a STATE 13b COU MARYLAND MON		WN 1	136 INSIDE CITY LIMITS?	136 STREET ADDRE		т.	
Ö	14 FATHER'S NAME FIRST PLACIDO	MIDDLE LAST GALLEO	GOS.	15 MOTHER'S MAIDEN N	MIDD	LE	REE Q	XXFREY1
	160 WAS DECEASED EVER IN U.S. AF		URITY NO.	17 INFORMANT	A	DDRESS		7 (1 (67)
		EARS 522-22-5	300	FRANCES A.	GALLEGOS	SAME	AS 13e	
	DADT I DEATH WAS CALIST	only one couse per line for (o), (b), o ED BY ATE CAUSE (a) ANOXIC I		DAMAGE			BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEOU		PASM				
	gove rise to immediate couse io), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU		INDII			136,	
		, (c)						

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21e. PLACE OF INJURY

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

19

211 LOCATION

DECEMBER

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NO

20g AUTOPSY?

CITY OR TOWN

YES [

COUNTY STATE

sow the deceased alive on DECEMBER 22b. SIGNATUR

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

216 INJURY OCCURRED

AT HOME STREET, FACTORY OFFICE FARM, ETC)

DEGREE

DECEMBER 20

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

22c. DATE SIGNE

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION

MEDICAL

or Item 18

FOR

STATE

REGISTRAR

22d. PHYSICIAN'S NAME (TYPE OF PRINT) SLADEK

22a I certify that (1) (this haspital) attended the deceased from

22e ADDRESS

ARLINGTON NATIONAL

NATIONAL NAVAL MEDICAL CENTER

GARY G. 23a BURIAL, CREMATION, REMOVAL BURIAL

23c NAME OF CEMETERY OR CREMATORY

236 LOCATION

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached with the State Dept.

MPORTANT.

24 FUNERAL DIRECTOR FRANCIS J. COLLINS

JAN. 5, 1982

500 UNIVERSITY BLVD. W. SILVER SPRING, MD.

23b. DATE

PART TARRELLE AND A TOTAL OF THE PART OF T JAM 8 15.92 Rom Jan Linde

(VRA 15, 4) 1/79

STATE OF MARYLAND

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Di milv. Tivd. T. Silver Sming. Md. . I show I the land Super-1 (1-11-0) Pr. Israela Content Programad II. C. Verryland

P. rau-chita Sone P. M. C. C. Wyatta, Uld.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR TATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH							
	1. DECEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MON	NTH DAY YEAR 26. HOUR					
	Kather	ine Mary	Garagusi	December 6	. 1981 12:15 A					
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA						
	Female	Caucasian	Sept. 13.1894	87	MONTHS DAYS HOURS MIN.					
1	7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR C						
1	New York	United States			y County. MD					
Ì	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR					
0	Bethesda	9321 Renshaw		Homemake						
1	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE			13e. STREET ADDRESS						
1		gomery Bethes			aw Drive					
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.		LAST					
)	Andrew	Gianno		MIDDLE	Chiesa					
٦	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	The state of the s					
	(YES, NO OR UNKNOWN) (IF YES, G	067-09-	6295 Same as i	nt F. Garag tem #13	usi, Son,					
	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQU	sence of Cerchal a	alarting the	APPROXIMATE INTERVAL RETWEEN ONSE AND DEATH FROM THE STATE OF THE STA					
	underlying couse last.	DUE TO, OR AS A CONSEOU	JENCE OF							
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)					
7	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		IL IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)					
	00.000.000.000.00		DAY YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)					
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE					
3	saw the deceased alive a	n 19	13.	n death accurred on the date of	, 19, that (1) (we) lost and haur and fram the causes stated					
	22b. SIGNATURE	ned Notes	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	Dec. 7					

James T. Waters, M.D.

224. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS 26 ADDRESS 5530 Wisconsin Avenue Chevy Chase, Maryland 2081

20815 23c NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Dec. 1981 Gate of Heaven 24 FUNERAL DIRECTOR

Robert A. Pumpharey Funeral Bethesda, Maryland Homes,

DHMH-16 30M 2/80 (VRA 15, 4)

BUSEL TO CONTRACT OF THE PROPERTY OF THE PROPE A LIEU CONTRACTOR TO THE THE PARTY OF THE PA . LOLAR DE LES LA LORINA DE LA CONTROL DE LA C

232 CARROLL STREET, N. W., WASHINGTON, D. C.

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUDONALD TM. STEIN HEBREW MEMORIAL FUNERAL HOME 250 P

2h. HOUR

12h KIND OF BUSINESS OR

FRIEDMAN

Same as # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

5 years

COUNTY

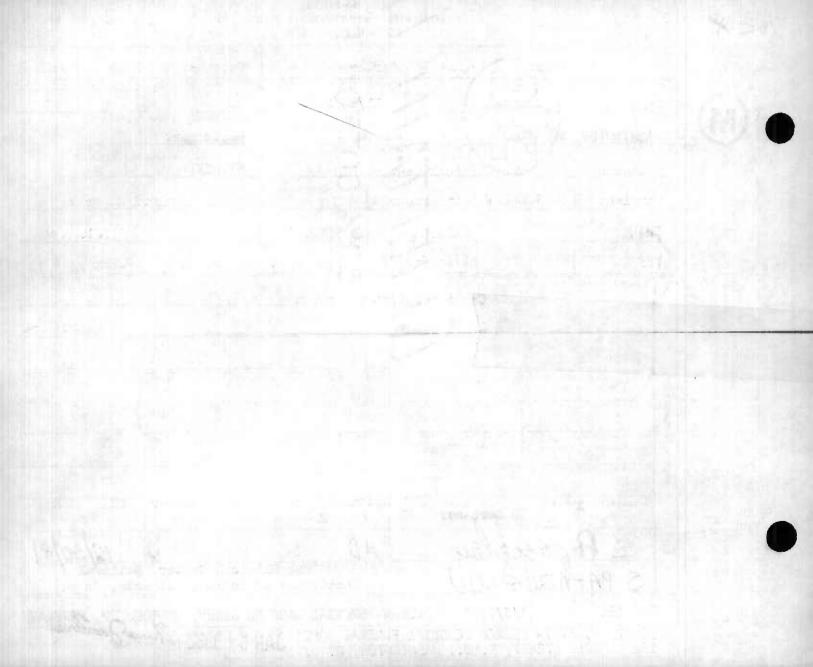
22c DATE SIGNED

NO [

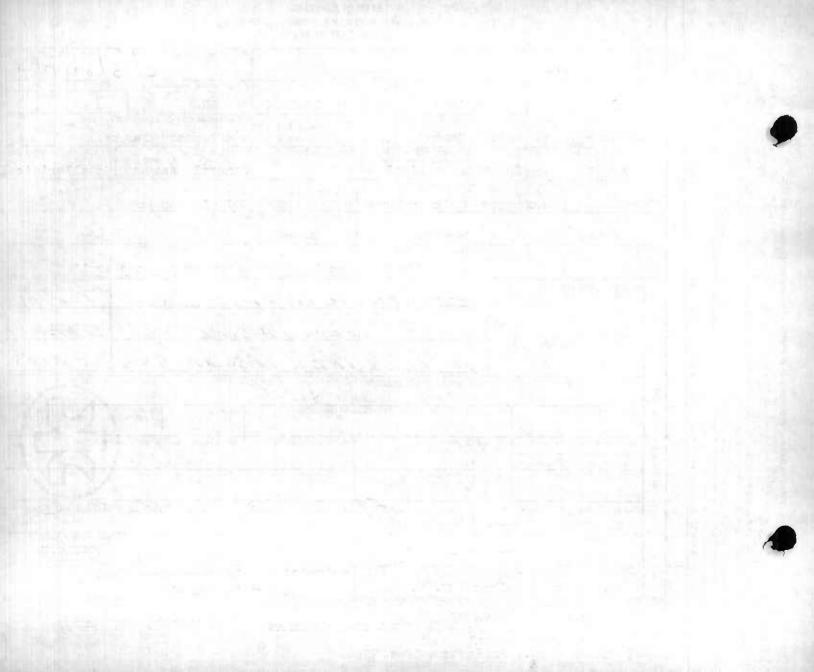
IF UNDER I YEAR

INDUSTRY

5:10



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 2n. DATE OF DEATH 1. DECEASED NAME MIDDLE 2b HOUR (TYPE OR PRINT) Otis F. Garretson 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE Male Caucasian February 16,1884 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY) New York United States Montgomery County, WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda Suburban Hospital Metallurigical General Manager BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS Filled Sould b 901 Clopper Road Maryland Gaithersburg Montgomery 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME N FIRST James Garretson Kate Mundy ADDRESS 16h SOCIAL SECURITY NO. 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Unavailable Kathleen Egan Garretson, Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to), stoting the DUE TO, OR AS A CONSEQUENCE OF SCLEROTIC UASCULAR DY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION O 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED ă IN CERTIFYING CAUSES OF DEATH? be NOM 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntal ō (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M Me 21f. LOCATION ö 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (gur) opinion death occurred on the date and hour and from the causes stated above (II) we did (did not liew the body after death 22c. DATE SIGNED 225. SIGNADIR DEGREE December 4, 1981 MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN MPORTANT: 77d PHYSICIAN'S NAME (TYPE OF PRINT) 11510 Old Georgetown Road should be S. Ralph Himmelhoch, M. D. Rockville, Maryland 236. DATE December 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL STATE COUNTY Burial Hackensack, New Jersey 981 Hackensack Cemetery 250 DATE REC'D. BY REGISTRAR 256 BGISTRAP IGNAL 24 FUNERAL DIRECTOR Ives Funeral Home DHMHE16 60M 1/73 DEC 2847 Wilson Blvd., Arlington, VA (VR A 15 (4))



. 10	1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE B 5	2066
· A	1. DECEASED NAME Rober 3. SEX Female	A RACE Caucasian	S. Date Of Birth December 7, 190	December 6, 61	AY YEAR 25 HOUR 981 3:55P M IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
State Pos	Pennsylvania O CITY OR TOWN OF DEATH	7b CITIZEN OF WHAT COUNTRY? United States 11. NAME OF HOSPITAL NURSIN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Montgomery	MD.
1201 un by the	Bethesda JSUAL RESIDENCE (IF NURSING HOME O	6003 Marquett	e Terrace	120 USUAL OCCUPATION NO. 81 S. D. B. B. C. ORKING LIFE Nurse	Nursing
ryLAND 2 rely Ulind 2 should be	13a STATE 13b COU		N 113d. INSIDE CITY LIMITS?	6003 Marquette	Terrace
make on the make of the make o	Oscar	Raria	Amelia	WIDDIE	Stokes
be exection and rs. Pages	(YES, NO OR UNKNOWN) (IF YES, GIV	219-76-	-2440 Same as 1	3e	
ST., B ertifica g physical properties on page event,	PART I. DEATH WAS CAUSE	nly ane cause per line far (a) (b), and ED BY: TE CAUSE (a)	de Valuarant t	Brown J	BETWEEN ONSET AND DEATH
that the death ce that the attendineses remove corbol, cremotion, arr	Conditions, if any, which gove rise to immediate couse (a) stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE		atarBreus +	7 7 Z
orto buries to the ple or to buries or to bu	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVE	N IN PART Ito
AL RECC	190 DATE OF OPERATION 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
NG PHYSICIAN: The low requires the ottending physicion. The this certificioe has been signed be as the buriol-tronsit permit. Then plea in and Mental Hygiene prior to buriol, and Mental Hygiene prior to buriol, and wente il 8 shows ony injury, or a considered or them 18 shows ony injury, or an analysis of the considered or them 18 shows ony injury, or an analysis of the considered or them 18 shows ony injury, or an analysis of the considered or them 18 shows ony injury, or an analysis of the considered or the	OR CONTRIBUTING CAUSE OF DE	P.M.	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2}
DIVISION Or offend After this e os the bu	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENUTENICS Spirol CTOR: for us of He. (21 is	sow the deceased alive on abave, (1) (we) (did) (did no	tal) oftended the deceased fram 19 2 it view the body after death.	nond that in (my) (our) opinion	n death occurred on the date and hour	ond from the couses stated
OR he he both	22b. SIGNATURE	363120		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store with the Store MPORTANT:	Edgar HLE	evin mo	22e ADDRESS 863	Spring MO J	0910
1501 BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	9. 1981 Pa	rklawn Mem. Pa	rk Rockville	COUNTY STATE
DHMH - 16 60M 1/75 {VR A 15 (4)}	24 FUNERAL DIRECTOR Rober NAME Homes, P.	A., Bethesda	Eun a ra 1 1250 DA	C 1 4 1981	ARIS SIGNAL CONTROL OF THE PROPERTY OF THE PRO

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) Grace Belle Gilbert December 30, 81 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER LYFAR Female White MONTH 85 March 8, 1896 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Kentucky Montgomery U.S.A. DIVORCED | WIDOWED X ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 17h KIND OF BUSINESS OR Washington Adventist Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Own Home Takoma Park Housewife USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE VESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 134522 385 Street Maryland Prince Geo. Brentwood YES 🕝 NO F 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME EIRST MIDDLE Martin Penix Jenkins^{AST} 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LAWES Keswick Lane 17 INFORMANT (YES, NO OR THENOWN) HE YES, GIVE WAR OR DATEST Clifford E. Gilbert Bowie, Md. 579 28 7011 (Son) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO M 21a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC I NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on 12-130 abave, (I) (we) (did) (d a bay with bady after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE Th. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINTS 22e ADDRESS WFORT. 9 4 11161 New Hampshire Ave. Silver Spring. Md. Hugh Irey, M. D. 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial 1/4/82 Ft. Lincoln Cemetery Brentwood P.G. Md. 24Francis Gasch's Sons Funeral Home. P.A. DHMH - 16 50M 1/BI + VIAL JOL (VRA 15, 4) Hvattsville, Maryland

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE CIG-PRINT) OF ESTI-DEATH MATED 5. DATE OF BIRTH IF UNDER IF UNDER 24 HRS AGE (IN YEARS DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED WIDOWED DIVORCED TOWN OF DEATH OR OTHER INSTITUTION HOSPITAL, NURSING HOME. 12b. KIND OF BUSINESS nover 136 SITY OR TOWN 130. STATE COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 FIRST MIDDLE IN U.S. ARMED FORCE 17. INFORMAN (YES, NO, OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Yry Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED AS 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BUR YES [NO DX BE 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WARDED TO THE PAGE 3 SHOULD HOUR A.M. MONTH DAY OR YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION (AT HOME AT WORK AT NOT WHILE STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE KECUIT THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFIER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted from: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATUR EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BP ACCRESS 800 125b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Goldberg Louis 12 - 31-81 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) male caucasian YEAR 1-1-97 WASH D. C. 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MONTGOMERY COUNTY USA DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR CLOTHING Silver Spring Haly Cross Hospital 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Silver Spring 2510 Harmon Rd NO [15. MOTHER'S MAIDEN NAME JACOB GOLDBERG MIDDLE ANNA WASSERMAN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** 166 SOCIAL SECURITY NO. VESTO OR UNKNOWN (IF WW IVE WAR OR DATES) 577-09-0044 MRS ANN RITA STERLING 2512 HARMON RD. SSPG APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per lin Man, (b) and ic PART I. DEATH WAS CAUSED BY VOCALO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME. STREET, FACTORY OFFICE FARM ETC 1 27x I certify that (1) (this haspital) attent and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated ATTENDING \ MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 DATE SPECBURIAL OHEV SHOLOM 1-3-82 DANZANSKY-GOLDBERG MEM CHAPEL 1170 ROCKVILLE DHMH - 16 50M 1/81 (VRA 15, 4) ROCKVILLE MD.

FIRST PRETERED TO BE TO BE A SERVICE OF THE SERVICE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTI 1981 December 21, 9:40AM Richard Joseph Gorman 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR MONTH AONTHS DAYS male white June 24, 1905 TO BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery Washington . D.C USA WIDOWED DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Montgomery General Hospital Olney DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 farmer ISUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Rockville 5305 Norbeck Road Montgomery Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST William Collins Gorman Mary G. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR OATEST 0767A Mary G. Martin same as 13e WW II ves 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did not) new the body ofter death DEGREE 22c, DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be determined the state Prince Phillip 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Rockville, Maryland Parklawn Memorial Park" BP. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Wheeler Funerals Home, Inc. DHMH - 16 60M 1/75 (VRA 15 (4)) 1331 Rockville Pike Rockville, Maryland 2085

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR

							REG. NO.					
		CEASED NAME FIRST		MIDDLE	t-	AS1	20 DATE OF DEATH MONTH	DAY YEA	AR 2b HOUR			
		LORRAI	NE	D.	G.	RIFFITH	December 20	198:	1 4:20) AM		
	3 SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		UNDER LYEAR IF UNDER 24 HRS			
		Female	W	hite	Jan	uary 22, 19	18 63 y	RS.	ATS HOURS M	AIN		
1	Ja Bl	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COU		Н			
5		Maryland	United	States	WIDOWE	D DIVORCED X	Montgomery County, MD.					
6	1	ethesda	Clinic	al Cent	er,	NIH, Beth, M	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Adm. Asst.	NG LIFE) INDUS	ND OF BUSINESS TRY I.H.	OR		
5		AL RESIDENCE IN NURSING HOME OR ATTENDED ATTENDED Monts		GIVE RESIDENCE BEFORE 130 CITY OR TOW Rockvi	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 211 N. Van	Buren	St 208	350		
-,	I4 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME					
1		Clifton	Dro	nenburg		Kather	ine		ketts			
		VAS DECEASED EVER IN U.S. AR/	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	5911 Berks			78		
		No		578-07-	0425	Charles W.	Dronenburg	Alexan	dria, V	a,		
		18 CAUSE OF DEATH Enter on	ly ane cause per	line for (a), (b), and	d (c)			BETW	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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19		27b. SIGNATURE	A A	diter death.	[DEGREE		22c. D	ATE SIGNED			
		I twik B.	Thek	lour	il	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	112	-20-51	1		
		22d PHYSICIAN'S NAME (TYPE OF	R PRINT)	1	Na	to inomest Inst	titutes of H	ealth				
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DEC 2 4 198 REGISTRAR 256. RESTRAR'S TO NATURAL STATES OF THE STATES OF

14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Rockville, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR.

IMPORTANT: If Ite

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CEKITE	ICATE OF DEATH	REG. NO				
		CEASED NAME FIRST MATILDA	^	MIDDLE			20 DATE OF DEATH	AONTH DA		26 HO	UR M
1000	SED	Female	4 RACE White				6 AGE IN YEARS LAST BIRTH	MC	FUNDER I YEAR	# UNDE	R 24 HRS
7		RTHPLACE ISTATE OR FOREIGN		REG. NO. HAIMOWICZ HAIMOWICZ POCEMBER 26, 1981 RACE White S DATE OF BIRTH OCCOBER 97, 1906 TO TO TO THE INTERPRET LOST BRITHARY) WHO WHAT COUNTRY? U. S. A. MARRIED NOVER MARRIED NAME SET ON NO NOVER MARRIED NAME STREET ADDRESS A SA RONDATES! RACHEL FINAL MODIE NAME NOVER MARRIED NOVER MARRIED NOVER MARRIED NAME PARTIED NOVER MARRIED NAME SAMUEL MORDES NAME RACHEL FINAL MODIE NAME NAME NAME MARRIED NAME NAME NAME MARRIED NAME NAME NAME PARTIED NAME TO NO NOTICE NAME NAME NAME NAME NAME NAME NAME RACHEL FINAL ADDRESS SAMUEL MORDES NAME TO NO NOTE NAME NAME NAME NAME NAME NAME NAME NAM	OF DEATH		MD.				
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		22a certify that (1) (this hasp saw the deceased alive an abave, (1) (we) (did) (did no 22b-SIGNATURE	Decan	er 23 19 5	R.L , or	nd that in (my) (aur) apinion o	to December death accurred on the do	le and hour		causes s	
		Israel of	pector	MD		ATTENDING PHYSICIAN	MEDICAL STAF	AN 🗌	12 2°	7 8 1	
		TAMOR SNOR		D			a Aug Who	aton	Manuel	ind	

DHMH-16 25M (VRA 15, 4) 1/79

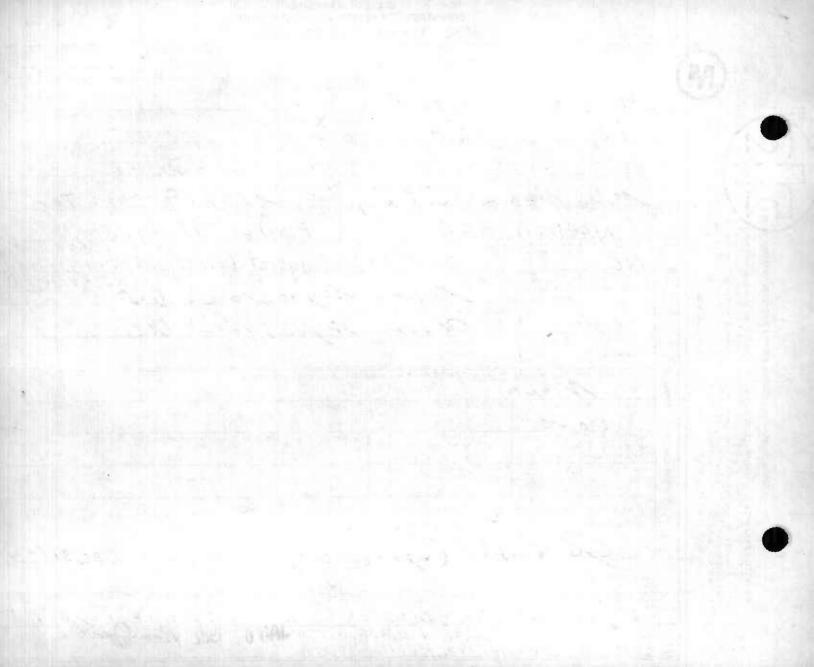
TO FUNERAL DIRECTOR: Af should be detached for use as the with the State Dept. of Health is

IMPORTANT: If It

136. NAME OF CEMETERY OR CREMATORY 230. LOCATION (Adelphi, Pr. Geo., Mariyland 12/28/1981 Mount Lebanon Cemetery Adelphi, Pr. Geo., Mariyland 232 Carroll Street, N. W. Washington, D. C.

Bright of contract of McTathers and more of the Decree 2 Car Secretary Comments interest an retirent lunch

6	1			STATE OF MARYL	LAND	5 500	- 19 P
5	11.	FOR STATE	DEPAR	TMENT OF HEALTH AND	MENTAL HYGIENE	3	25/6
		REGISTRAR	MEDICAL	LEXAMINER'S CERTI	FICATE OF DEAT	H REG. NO.	
40	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20	DATE KNOWN MO	NTH DAY YEAR 26 HOUR
- 6-	(TY	E OR PRINT!	RGE AUBREY	HALL		Of ESIL-	ZE HOOK
59333 P	1					DEATH MATED 12	2/31/81 5:17A M
SOUGHA	3. SE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF UNDER 1 Y		DATE MONONCED	THE DAY YEAR 24 HOUR
23023		MRIK	706.26 4	6 4/YRS. MONTHS DAY	S HOURS MIN. PF	DEAD 12/31	1/81 19 5:17AM M
25 ST	70 B	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COL	INITDVO IO	9.	BALTIMORE CITY OR CO	UNTY OF DEATH
HAND NEWS	FC	REIGN COUNTRY	1101		NEVER MARKIED		
4 E N - 3 -	10.0	ITY OR TOWN OF DEATH	410,1	WIDOWED		Montgomery	
DAY IS NOT THE FUNCTION OF T	10.0	TOR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	IURSING HOME, OR OTHER INST	- Lee MO	LOCCUPATION (TYPE OF WO	ORK 126 KIND OF BUSINESS OR INDUSTRY
ELA TO TO TO S. 25, 25	Ta	koma Park, Md.	Washington Ac	lventist Hospita	al /24	CKDRIVE	A .
NO SEPTIMENT OF THE PROPERTY O		AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION			
2120 AND AND AND AND AND AND AND AND AND AND	130. 8	TATE AN 1 13b. COUN	13c. CI		10E CITY LIMITS? 130. STREE	1 ADDRESS Que	4
D. 2. A. 22, A. A. L. R.	111	10011	LONG O	16. April YES		317	ec lev
M HIT	14. 15.	ATHER'S NAME	MIDDLE // 1/	LAST 15 MC	THER'S MAIDEN NAME		TATE
DEATH. DEATH. M PM		MATha	0 11411	MINIO IN	KAChel	Thomb	SON/
BALTIMORE, MD. 2120 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND PIMF FORM PM 3. RETA PIMF SEND OF AUTOR RECO	16a. \			OCIAL SECURITY NO. 17 HA	PHMANT D	ADDRESS	13528 TUNKE
Sion A		(IF YES, GIVE	WAR OR DATES)	7-34-5890 11	monrot K	arnott Cot-	Bureal Deliver
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELY WITH FORM PA 3. RETAIN P WITH PORM PA 3. RETAIN P UNITH PORM PA 2. RHOULD BE DIVISION OF VITAL RECORDS.		7 4 0	10)/1	, 01-30 /3 VI	aryurer 400	MINICHISTRET	Drung Prwy
ST.,		IB CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane cause per line far (o), (b), and (c).)	1	- 1 - 1	Data Mille Holl
W. PRESTON ST WITHIN 24 HOL ENCIL IN ITEM II MINER ALONG "TRANSIT PERMI INTAL HYGIENE, OR REMOVAL.			TE CAUSE (o)	cut a m	YOCAVOL	21 11:50	
STC ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		4291	DUE TO, OR AS A CO	INSEQUENCE OF		- 1 /	
ER ER		Conditions, if ony, which		revie de		12/ /20	
N N N N N N N N N N N N N N N N N N N		gave rise to immediate cause (a) stating the under-		a Nec july	ocy Na.	21 5/18/	
201 W. PRESTON ST. UTED WITHIN 24 HOU I'N PENCIL IN TERN 18 EXAMINER ALONG V RRAL - TRANSIT PERMIT D MENTAL HYGIENE, I ON, OR REMOVAL.		lying cause lost.	DUE TO, OR AS A CC	DINSEQUENCE OF			
DIVISION OF VITAL RECORDS, 201 V S CERTIFICATE SHOULD BE EXECUTED RING THE WORD "FROING" IN PE ROED TO THE CHIEF MEDICAL EXAM RE3 SHOULD BE USED AS A BURIAL- E DEPARTMENT OF HEALTH AND MEI OI PRIOR TO BURIAL, CREMATION, C			(c)				
A PROPERTY	10	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1 (a).		
RECOI PENDIF PAS A PAS A CREALTH	CERTIFICATION	1/0	ne				
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1 5	196 DATE OF OPERATION		R WHICH OPERATION WAS PERF	FORMED?		2D AUTOPSY?
AITAL RE SHOULD ORD "PE CHIEF A E USED A URIAL, C	1 2	21					
F VITA WORD E CHII	4 5	21g. EXTERNAL CAUSE WAS	21b. TIME OF INJURY				YES NO.
N OF THE VOID OUT OF STARE		UNDERLYING DOR	HOUR A.M. MONT		URY OCCURRED (ENTER NAT	TURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
N FEDDER	7 3	CONTRIBUTING CAUSE OF	DEATH P.M.	19			
CERTIFICA CERTIFICA ITING THE DED TO THE STANDILL DEPARTM	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR				
PINS CHIS CHIS CHIS CHIS CHIS CHIS CHIS CHI	1	WHILE AT WORK	STREET, FACTORY, FARM	. ETC) STREET		CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK					
L EXAMINER: 1 E CERTIFICATE, DUID BE FORM: IL DIRECTOR: F H, WITH THE SI		226. I certify that I took charg	ge of the remains described al	pove, held an Autopsy	, Inspection	Inquiry , and in m	y opinion
MAN FER PROPERTY MAN		death resulted from: Natu	rol couses Acciden	Suicide . Ho	omicide Undeterr	mined monner .	
NA VIEW			1 /			inited infoliner	
\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ACTUAL CONT	111/		E (SPECIFY)	D4	100- 21/22/
2 H X X F H X	2	SIGNATURE	40	M.D.	MEDIC.	AL EXAMINER SIG	Dec 3/1914
WE A ME	/	EXAMINER'S NAME	and the second				
₹ □₩ ₽ ₩	1	(TYPE OR PRINT)		ADDRES	55		
TO MEDICAL EXAMINATION OF THE CERTIF PROCESTIF	23o.B	URIAL CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREAL	ATORY 238 LOC	ATION	
BP	(:	PECIFY) BURIAL	1-4-82 1	BENETER (Em. Com	TEDWII E	FRED STATEMA
Dr	25-F	JNERAL DIRECTOR	7/1/	A WASI	250 A 18 CE CO RV 00	HOISTBAR INCHES	MANUEL MANUEL
DHMH - 17	Va	NAME OF PC	ADDRESS 40	KIWHShIST.	CHILD	JOZ PILANCE	
(VR A15 ME (5)) 15M 2/80		cont 1 1 Sh	vullen Koc	KUILLE MD.			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Horace amme 4 RACE 5. DATE OF BIRTH DATE PRONOUNCED . Male auc PE BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Maryland IISA DIVORCED WIDOWED Truck Driver Transport SHOULD BE 130 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS LONG CORNER NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Clara Martin Hammett Bowen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. DIVISION Marie E. Hammett, Item 13 225-10-1163 Yes W.W. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ED AS A BURIAL - TRANSIT PERMIT.
HEALTH AND MENTAL BETWEEN ONSET AND DEATH ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 1. SKUll Conditions, if any, which gove rise to immediate OR cause (a) stating the under-E- 11 clown Stairs lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 .0 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] BUR A, WITH THE STATE DEPARTMENT (
MARYLAND, 21201 PRIOR TO BUIL CLIRRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 FORWARDED TO THE OR: PAGE 3 SHOULD UNDERLYING ING). cleum stairs CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARKLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK othe 22e I certify that I taok charge of the remains described obave, held an death resulted from: Notural couses Suicide Homicide Undetermined manner ACTUAL SIGNATURE John G. Ball, M.D. EXAMINER'S NAME Bethesda, Md. (TYPE OR PRINT) ADDRES 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Howard Chapel Dec. 8, 1981 Long Corner NOW BUT BP 24 FUNERAL DIRECTOR NAME Olin L. Molesworth, P.A., Damascus, Md. **DHMH - 17** (VR A15 ME (5)) 15M 2/80

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DHMH - 16 50M 1/B1 (VRA 15, 4)

	1.	FOR STATE REGISTRAR		F HEALTH AND MENTAL HY	REG. NO.	20/3		
		ECEASED NAME FIRST	MIDDLE	Last .	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
	3 SE	X COTTO	Nile /7	TE OF BIRTH	December 14,	1981 /O PM		
23		Male		ONTH DAY YEAR		MONTHS DATS HOURS MIN.		
10		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8	M	9 BALTIMORE CITY OR COUNTY	OF DEATH		
1/	-	Ohio	United States WIDO	RIED NEVER MARRIED UNIVORCED	MontgamERN	MD.		
1	10,9	ITY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NURSING HOM		120 USUAL OF LUPATION			
3/0	13	EthESDA	Juliurben	Hospital	Chief of Finar			
276	130.	STATE 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
<u> </u>	_		gomery Bethesda	YES NO	5703 Wilson I	ane		
To La	14 F/	ATHER'S NAME FIRST	MIDDLE	15 MOTHER'S MAIDEN NA	MIDDLE	LAST		
X I	160.	David Wa was deceased ever in u.s. ar	Ayne Harkins MED FORCES? 166 SOCIAL SECURITY NO	Florence IT INFORMANT	e E Bunne	211		
medic		(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		ADDRESS			
the m		Yes WWI		/IMrs. Elsie	Harkins Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
/ent,			DBY:	luce		BETWEEN ONSET AND DEATH		
fic e		1889 IMMEDIA	TE CAUSE (0)	n .				
anmo		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE O	of arinen B	side and ofthele			
er fro		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE O	-100	halder and of- Unite			
rather		underlying couse lost.	(c)	with Vuline	many Melestasis			
injury, o	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIV	EN IN PART To		
Auo SZ	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \no \lefta \)			
18 sh		210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)		
ar Item	CAL	OR CONTRIBUTING CAUSE OF DEA	NIH .	9				
d or	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
morked		AT WORK NOT WHILE AT WORK						
n 21 is m		saw the deceased alive an	A	, and that in (my) (our) apinion	death occurred on the date and hour	19.8/		
IT: If then		226. SIGNATUR	n 8 Omen	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/15/8/		
MPORTANT		22d PHYSICIAN'S NAME (TYPE O	77 1.0001	22e ADDRESS 5454	Wiscowsin	AMaryland		
≥	230.	BURIAL, CREMATION, REMOVAL	23b. DATE Dec. 23c NAME C	F CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE		
		Burial	18, 1981 Arlin	gton Nationa	1 Arlington	Virginia		
/B1	24 F	UNERAL DIRECTOR Rober	t A. Pumphrey Fu	neral 250 DA	TE REC'D. BY REGISTRARITS REGIST	RAR'S SIGNATURE		
	- 3	Homes P A	Rothords Mar-1-	n InF	C 2 1 1081 7	May Rothau		

STATE OF MARYLAND

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STATE OF MARYLAND

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Contact on Dec.11,100 Lea's Common ten, .U.

J. Am. Let's None Je. 306-4th St. do, mann. . D. 2005 a to Carte St. Cart.

7400 Georgia Ave. NW

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

himmy , balant Tobulya Juneral province line.

STATE OF MARYLAND

LAST

5 DATE OF BIRTH MONTH

WIDOWED

METASTATIC RECTAL CARCI

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

NATIONAL NAVAL MEDICAL CENTER

HARTMAN

FEBRUARY 24,192

MARRIED X NEVER MARRIED

YES |

DIVORCED

NO X

FIRST

FREIDA

113d INSIDE CITY LIMITS

15. MOTHER'S MAIDEN

NADINE HAR

21c HOW INJURY OC

211 LOCATION

DECEMBER

DEGREE

STREET

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22e ADDRESS

17 INFORMANT

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

WAYNE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

HARTMAN

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 1

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

8 Dec 81

LCDR, MC.

13c. CITY OR TOWN

ALEXANDRIA

166 SOCIAL SECURITY NO

537-14-7910

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

HYG	IENE O	•	3	La	0	0	4
	20. DATE OF DE.	EG. NO.	DA	Y)	EAR	26. HOU	0
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	MONTGOM	ERY CO	UNTY	7			ME
1	120 USUAL OCC	UPATION		_	IND OI	BUSINE	
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rs?	13e STREET ADD						
	5005 ROS	SEMONT	AVE	ENUI	Ξ		
NNA		DDIE			LAST		
		ADDRESS			ERLA	IN	
		ROSEMO					
TM	AN: ALEXAI	NDRIA,	VA		2309		
NON	ΛA			BET	WEEN	NATE INTER	DEATH
.1401	ın		-		_		
					_		
TERM	INAL DISEASE OF	CONDITION	I GIVEN	1 IN PA	ART 110		
	200 AUTOPSY	? 20b.	F YES, V	WERE F	INDIN	GS USED	
	YES NO	X X	YES		(USES	OF DEAT	Ţ
CURF	RED (ENTER NATURE	of injury in ite	M IS PAR	1 ORP	ART 2)		
	CIT	YORTOWN		COUN	4TY	S	TATE
	7 10	ECEMBE	R	8:	-		
inian e	death accurred an					hot (I) (v	
		me dore one	- 11001 0			IGNED	100
NG _	MEDICAL DIRECTOR P	STAFF	v	5	-	180	
AN [DIKECTOR [] P	HYSICIAN L	Δ.	-0.	6	001	
IAV	AL MEDICA	AL CEN	TER.	BI	ETHE	ESDA.	MI
ORY	23d LOCATIO	Ν			24		
Ce	emetery	Arl	ing	on/	Park	Som V	a.
ΘA	metery	JAMES 156. RE	GILLRA	R'S SI	GNATU	IRE	

ö Item 18 Or 21 H Her MPORTANT

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d.

FOR

REGISTRAR DECEASED NAME

TO BIRTHPLACE ISTATE OF FOREIGN

ID CITY OR TOWN OF DEATH

USUAL RESIDENCE (IE NURSING

DONALD

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Canditions, if any, which gove rise to immediate cause (a), stating

underlying couse

190 DATE OF OPERATION

21d INJURY OCCURRED

226. SIGNATURE

71a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF FITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

4 RACE

CAUC

131 COUNTY

FAIRFAX

MIDDLE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:

UNKNOWN

IMMEDIATE CAUSE (0)

22a I certify that (I) (this haspital) attended the deceased from

saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death

- STATE

TYPE OR PRINTI

3 SEX

MALE

COUNTRY) WASHINGTON

BETHESDA

VIRGINIA

4 FATHER'S NAME

FRANK

YES

CERTIFICATION

CAL

MEDI

should be detached with the State Dept. 0 BP. DHMH - 16 50M 1/8) (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

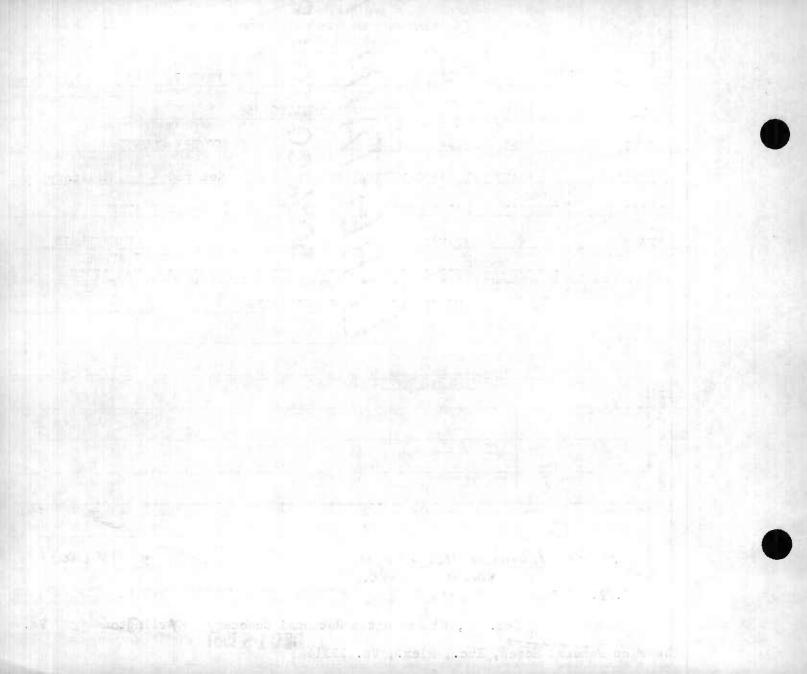
USNR 23b. DATE Dec. 10, 81 Arlington National

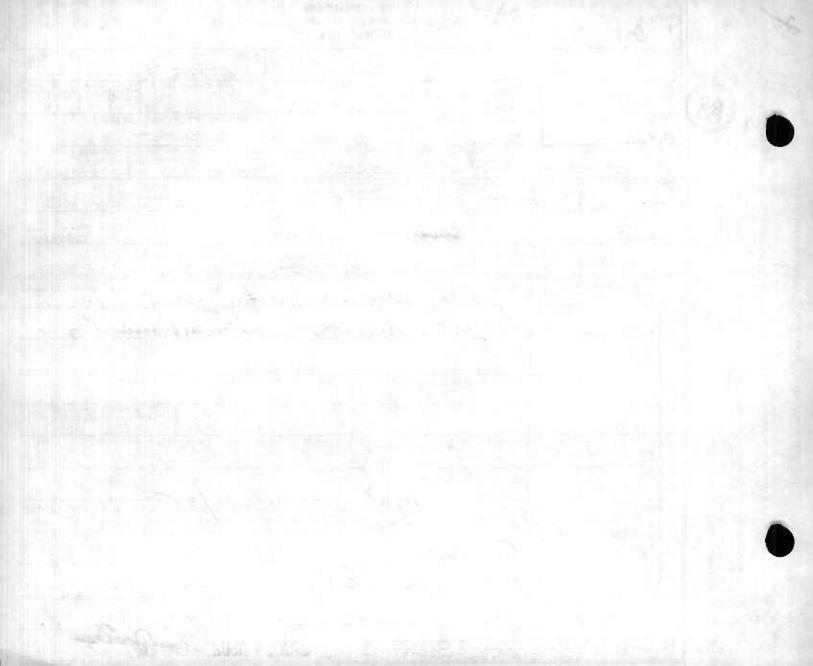
196. CONDITION FOR WHICH OPERATION WAS PERFORMED

NATIONAL N 231 NAME OF CEMETERY OR CREMATO

ATTENDIN

Demaine Funeral Homes, Inc., Alex., Va. 22314





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FOR STATE REGISTRAR

	I. DE	CEASED NAME	FIRST	WIDDLE	LAST	149	2a DATE OF DEATH MO	ONTH DAY YEAR	2h HOUR
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	3. SE		4 RACE		S. DATE OF B		6 AGE (IN YEARS LAST BIRTHO		
		temale		White	MONTH 9	14 06	75	YRS MONTHS DAT	S HOURS MIN.
n .	7a B	RTHPLACE ISTATEOR	FOREIGN 76 CITI	ZEN OF WHAT COUNTRY USA	? 8 MARRIED	X NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
30					WIDOWED	DIVORCED [Montgo	omerv	M
m	10 C	ITY OR TOWN OF DEA		AME OF HOSPITAL, NURS NOT IN SUCH FACILITY, GIVE STREE		THER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OF
1		llver Spri		00 Springbro	ook Driv	e	Housewife	0	wn home
50	13a. S	STATE	136 COUNTY	STITUTION GIVE RESIDENCE BEFO	WN 13d	INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	_	aryland	Montgome	ry Silver S		ES X NO	400 Springbr	cook Drive	,
Ch	14. 17	FIRST	MIDDLE	LAST	15.	MOTHER'S MAIDEN IN	MIDDLE		AST
	24 3	Hymer	101116 101160 50	Clay		Grace	ADDRESS	Richard	lson
1		VAS DECÉASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR	DATES)		INFORMANT	ADDRESS		
1		no		213-56-	·3315 L	ou Hazam-h	usband-(same a	ıs 13e)	
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one c	ouse per line force), (b), a				BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
		inile	IMMEDIATE CAUS	SE (0)	ikelogy	Fullare		Su	veeks
		11777		E TO, OR AS A CONSEO	UENCE OF		Concen	11/	1.000
		Conditions, if ony		(b) Melas	ravic	Breast	CAHCER	17	2 400
		couse (a), statir underlying couse		E TO, OR AS A CONSEQU	JENCE OF				
				(c)	DEATH BUT NO	Y 051 1750 TO THE TE	rminal Disease or condit		
	Z	PART 2 OTHER SIGI	MIFICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT NO	I KELATED TO THE TE	KWIN AL DISEASE OR CONDII	ION GIVEN IN PART	110
period .	CERTIFICATION	1% DATE OF OPERA	TION 196	CONDITION FOR WHIC	H OPERATION W	AS PERFORMED		Sh. IF YES, WERE FIND	
Mar	TEK						YES [] NOSK	N CERTIFYING CAUSE YES [7]	NO []
2		21st. ACCIDENT WAS UN	Control of the State of the Sta	TIME OF INJURY DUR A.M. MONTH I	NAV VEAR 21	L HOW INJURY OCCU	PRED INTERNATIVE OF MILIET	WITH IE FART LOFFMED	174
7	CAL	DE CONTRBUTING []	Countries on the sector	P.M.	19				
1	MEDICAL	THE INJURY OCCUR.		PLACE OF INJURY		LOCATION	EIN OF TOWN	COUNTY	17475
	Σ	AT WORK TO NOT WE AT WORK TA	est []	ACME SHREET, FACTORY, OFFICE	- /	N/ -		0	
		72s.1 certify that	this hospital No	inded the democrat from	Jul	9 61 . 8	10 Dec	1 1001	they Dwer los
		saw the decease	ed of e of our	Selpody after death.	and th	at in my lour come	n death occurred on the date	and hour and from th	er couses stated
		27h STATTURE	01)	DEG	Contract of the Contract of th	- 10 ALETTA ELOI - 110-0101-	37s. DA1	E SIGNED
		Chamo	W U K	ensuio	_ u	ATTENDING	MEDICAL STAFF	12	19/81
1		770. PHYSICIAN S N.	AME [TYPE OR PRINT]		A	e ADDRESS U	, ,	1 1	5
I		HOMAS H	J. BENSI	INGER MD	76764	oce Haray	ostice Hue L	vaca los	HARE MI
70	23o E	BURIAL, CREMATION,	REMOVAL 23b	DATE 23c		TERY OR CREMATOR	23d LOCATION	//	2020-
		Burial	Dec	. 12, 1981			Silver Spr	ing Montgo	TELY CAS
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	1111	ies/Kiliaiu	1 runetar	Home Sil	ver Spri	ng, Md.	DEC 10 1981	Dines &	~

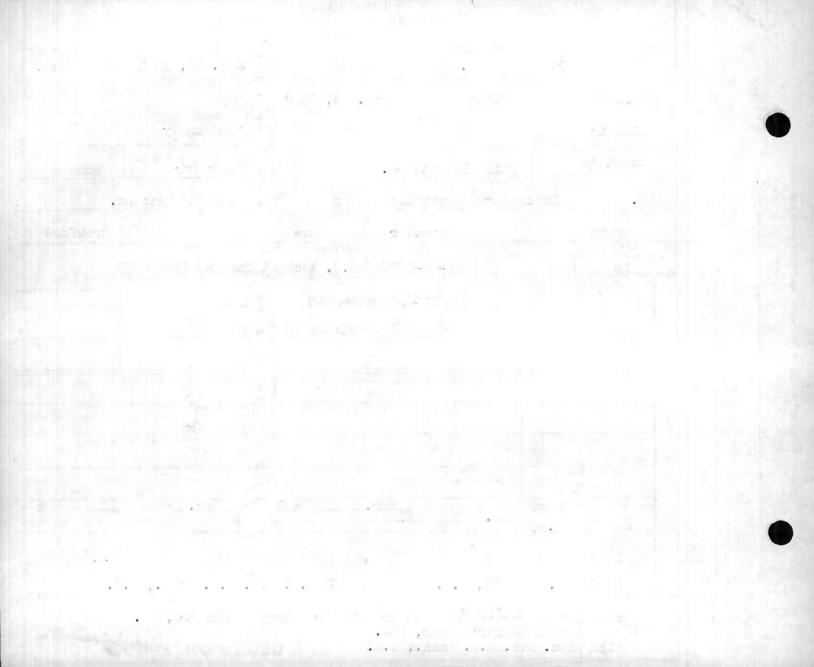
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

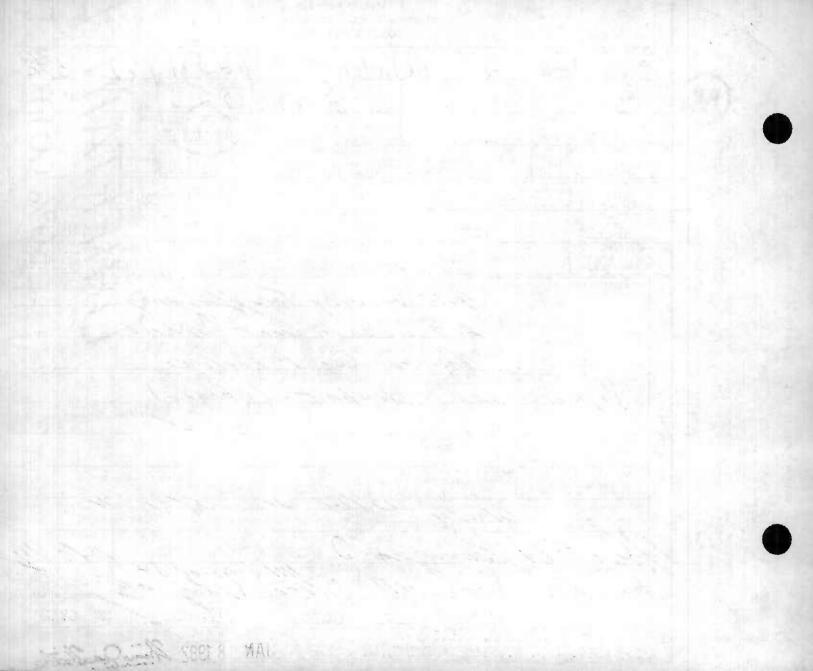
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STATE OF MARYLAND



	FOI					TE OF MARYLAND HEALTH AND MENTA	L HYGIENE 8		3 2 0	8 5
	- STA	TE SISTRAR				FICATE OF DEATH		REG. NO.		
	DECE AS	TI 130 LX	RST	WIDDLE	Helm	LAST /CA	20 DATE OF D		DAY YEAR	26 HOUR AC
CBA	SEX C	EMALE	4. RACI	Caro	00	OF BIRTH YEAR	6. AGE (IN YEAR	S LAST BIRTHDAM)	FUNDER I YEAR	IF UNDER 24 HRS
35	MAT	RYLAND	GN 76 CITI	U.S.A.	MARR WIDOV	NEVER MARRIE	D	CITY OR COUN	ITY OF DEATH	м
168		R TOWN OF DEATH	(IF)	NOT IN SUCH FACILITY	AL, NURSING HOME (, GIVE STREET ADDRESS) CROSS HOS	OR OTHER INSTITUTIO	(TYPE OF WORK FO	CUPATION OR MOST OF WORKING LLINER	G LIFE) 12b. KIND C INDUSTRY	OF BUSINESS OF
130	a. STATE		COUNTY	113c. CIT	DENCE BEFORE ADMISSION Y OR TOWN ATON	YES NO		DRESS LANTERN	OURT .	1.6
150	FATHER	EDWARD	MIDDLE	TITLOU	LAST	15 MOTHER'S MAID!	ZABETH	MIDDLE		ALDSON
16d		OR UNKNOWN)	J.S. ARMED FO YES, GIVE WAR OR	R DATES)	CIAL SECURITY NO.	17 INFORMANT ROBERT	NEPHEW L. YINGER		149 LANTI HEATON, 1	
B shows ony injury, or other trust	ga cou und	nditions, if any, where rise to immedise (a), stoting lerlying couse lift of the SIGNIFIC CONTRACTOR (A)	ate the DL ast.	(c) CONTRIBU	CONSEQUENCE OF	Heart	200 AUTOPS	72 120b. IF	GIVEN IN PART II YES, WERE FINDI TITIFYING CAUSES YES	NGS USED
Section 1	00.0	ACCIDENT WAS UNDERLY ONTRIBUTING CAUS	E OF DEATH	D. TIME OF INJUR IOUR A.M. MO P.M.		2	OCCURRED (ENTER NATUL	re of injury in Item 1	18 PART I OR PART 2)	
ked or bein	21d WH AT W	INJURY OCCURRED	21e	PLACE OF INJL	ORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
21 is ma		certify that (I) (this saw the deceased a ve, (I) (we) (did)	s hospital) atte	430/1	19	and that in (my) (our) o	pinian death accurred	on the date and h	-	that (I) (we) lo
d) if her	K	CALLER	1/	len	er M	DE GREE ATTEND PHYSIC		STAFF PHYSICIAN [22c. DATE	SIGNED
WEORTA .	de	HYSICIAN'S NAME	1.11	lenne.	2.40	22e ADDRESS	11 Span	S SY	11.	
	BUI	RIAL		1/4/82	WESTER	N CEMETERY	BALTI	MORE	°MARY.	
1.1/B1 24		ALDIRECTOR F		J. COLI SILVER			JAN 8 10	82 25b. REG	ISTRAR'S SIGNA	TURE -



	1			STATE OF MARY	LAND				
	1	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND CERTIFICATE OF		IENE 8 REG. NO	3 2 o.	2 0	8 /
1		CEASED NAME: FIRST	MIDDLE	LAST			MONTH DAY	YEAR 2b	HOUR
	2	Kathle	er J	Helz	ALC: Y	12	- 13-1	1781	6 A.M
	1	7	4 RACE	5. DATE OF BIRTH		6. AGE LIN YEARS LAST BIR	THDAY) IF UND		UNDER 24 HRS
In .	17	emale	Caux	9 19	- / 7	64	YRS.	S DAYS H	OURS MIN.
新	7a. 8	IRTHILAGE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER	MARRIED -	9. BALTIMORE CITY O		EATH	
228		Wisconsin	USA		DIVORCED [Montgon	ery Cou	14	MD.
my -	10.5	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER IN	STITUTION	17a USUAL OCCUPATI	ON 12		USINESS OR
10	10	EHESONA	SUGURBA	N Haspita	2/	Houseer		DUSIKI	
57	LioL 13a	STATE 136 COU	DR OTHER INSTITUTION GIVE RESIDENCE		CITY LIMITS?	13e STREET ADDRESS	6.		
25	12	/	. /	thi-5 do YES X	NO 🗌	5907 K	ichi 1	20	
1	14. F	ATHER'S NAME	MIDDLE LAS		R'S MAIDEN NAM				****
50		Clarence H. S	tebnitz	Nel	llie Tho	mpson MIOOLE		LAST	
0		WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORM		ADDRE	SS		
Bed		(YES, NO OR UNKNOWN) (IF YES, G	390-0	9-0729 Mart	tin W. H	elz 5907 Ki	rby Rd.,	Bethe	sda,Md
The The		18 CAUSE OF DEATH (Enter o	only one couse per line for (a), (bi, and ici	•			APPROXIMAT BETWEEN ONS	E INTERVAL
		PART I. DEATH WAS CAUS	ATE CAUSE (0) met		Lange	a of The	alen	1 wee	٠ حدا
		1539	DUE TO, OR AS A CON	SEQUENCE OF	95.88			0	
E C		Conditions, if ony, which	(b)	SEOUEINCE OF					
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	STOUTNET OF	100				
5		underlying couse last	DOE TO, OR AS A CON	SEQUENCE OF					
``		PART 2 OTHER SIGNIFICANT		G TO DEATH BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART No	
	CERTIFICATION								
Q	1 3	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERF	ORMED	70a AUTOPSY?	206. IF YES, WER	RE FINDINGS	USED
1	E					YES NO	IN CERTIFYING YES		NO [
Q		710. ACCIDENT WAS UNDERLYING		1 DAY YEAR 21c. HOW I	INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I O	RPART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF DE	in in	19					
-	MEDICAL	71d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCAT		CITY OR TO	wn r	OUNTY	STATE
	Σ	AT WORK NOT WHILE AT WORK	THE POME STREET FACTORY C	TELL, LARM EIC)		C.1.1 OK 10			31816
		22a.1 certify that (I) (this hop	ottended the deceased	rom 0 pr 11 12	19_77	to Dec	13 19 5	tho	t (I) (
		sow the deceased alive or	n 2 - 3 N) view the body after death.	19 S1 , and that in (my	y) • opinion a	leoth occurred on the do	ste and hour and	from the cou	ses stated
		226. SIGNATURE	Sy view the body offer deom.	DEGREE		/		20 DATE SIG	
		Dohn	who !	Com	PHYSICIAN TY	MEDICAL STAF	IAN T	13-13	18-
I was	1	226 PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRE					
		appu	Tauber	821	× 6115	CONSIN	SIGN	Bot	weed
<u> </u>	73a	BURIAL, CREMATION, REMOVA	L 23b DATE	23¢ NAME OF CEMETERY OR	CREMATORY	236 LOCATION			
		(SPECIFY) Removal	12-14-81	Georgetown Me		chool, Was	hington,	D.C	STATE
B1		UNERAL DIRECTOR	1.			REC'D. BY REGISTRAR	256. RECETRARS	SIGNATURE	n
	M	etropolitan Fu	neral Service,	Alexandria, Va	a. n	EC 1 7 1981	Themis	Children A	A COLUMN
	-						200	06	

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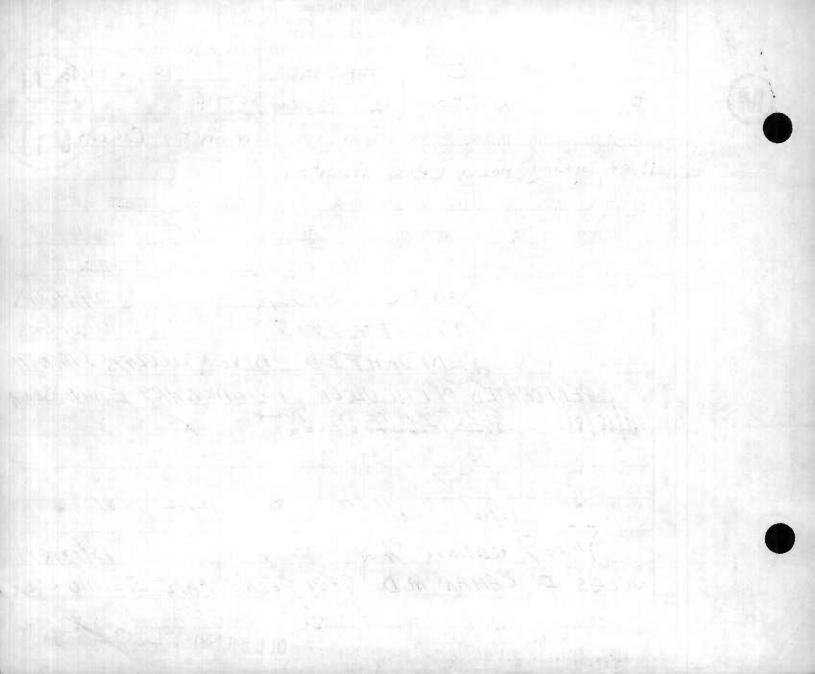
Carence H. oftennitz

Bendie Thumpson

390-09-0729 Martin R. Helz Stor Miray Rd., Betherda, Mr.

12-14-31 Correctorn Medical School, Ambianton, 1.6.

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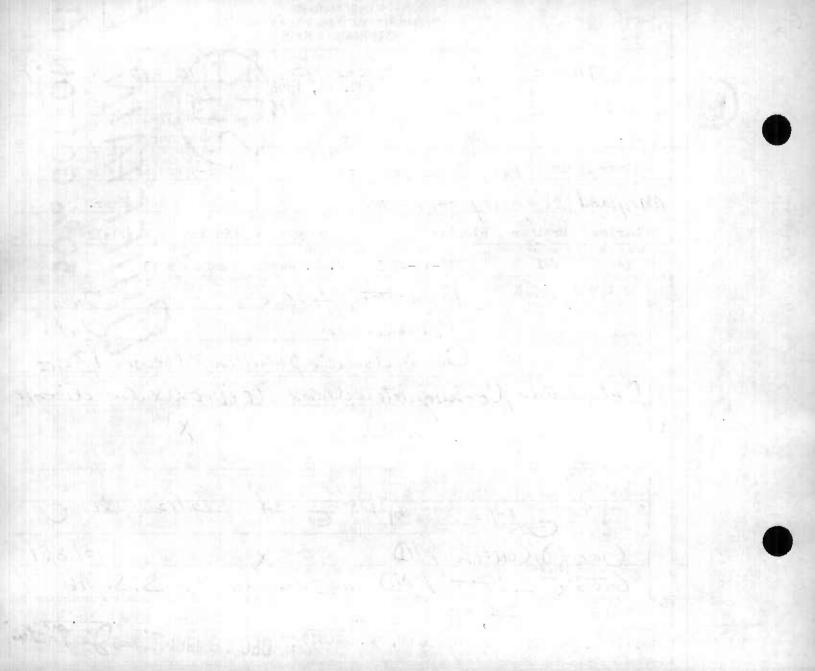
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*	23	FOR STATE REGISTRAR			DEPARTMENT CO	F HEALTH	MARYLAND I AND MENTAL CERTIFICATE	-	REG. NO.	5 2 6) 9	U
	35454	1. DECEASED NA (TYPE OR PRINT)	Sus	an /	M.arie		less -	OF	ESTI- H MATED		YEAR 76.	HOW
	120	Female	4 RACE White	5. DATE OF BIRTH MONTH DAY July 4,	1965 LAST BIR	YRS.	HS DAYS HOURS	R 24 HRS. 21. DA MIN. PRONO DE.	UNCED N	MONTH DAY	1,81 2	HOUR
4	NECESS FUNERA 5 FONERA 5 FOR W. PRES	70 BIRTHPLACE FOREIGN COUNT Vorgin	ia	76. CITIZEN OF WH		WIDOW		CED D	MORE CITY OR	t gome	14	MD.
BAITIMORE, MD. 21201 URS AFTER DEATH, IF ANY DELAY IS N GVEF AGGES 1, 2, AND 31 OT THE F WITH FORM PM. 3. RETAIN PAGE 5. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OE VITAL RECORDS, 301 W		D. CITY OR TOW	Kuille.	11. NAME OF HOS	CITAL, NURSING HO	SS) Adva	er institution . ntest.	FOR MOST OF W	7	OF WORK 12b. KIN	OF BUSINI	ESS
		13a. STATE Md	. I3b. COUN	tgomery	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO	Apt.	RESS 700	Cloppe	r Road	-
5	FTER DEATH. FTER DEATH. F PAGES 1, 2 FORM PM S ES 1 AND 2 ON OF VITAIL	14. FATHER'S NA Euge	ne	Edward	Hess		15. MOTHER'S MAII Ca thy	DEN NAME	Jean		Îmer	
	S AFTER GIVE PAGENTH FOR MAGES 1	NO NO, OR UN		WAR OR DATES)	236-96-	2991		Edward He	ss- Balt	timore,		St.
	UTED WITHIN 24 HO UTED WITHIN 24 HO IN PENCIL IN ITEM 15 EXAMINER ALONG MICH.TRANTS PERMIT OR NEMOVAL.	PART S Canding gave cause lying	IMMEDIA Itions, if any, which rise to immediate (a) stating the under- cause last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE AS A CONSEQUENCE	CE OF	to Acci	dent	,	AP BETW	PROXIMATE INTE VEEN ONSET AND	RVAL > DEATH
	MEDIN BE E PENDIN F MEDIN F AEATH	NO.	OF OPERATION	CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE T			PART 1 (a).			UTOPSY?	10 🔯
	CERTIFICATE TING THE WG DED TO THE E 3 SHOULD B E DEPARTMENT PRIOR TO BUR	UNDERLYI CONTRIBU	NAL CAUSE WAS NG POR JTING CAUSE OF Y OCCURRED NOT WHILE AT WORK	21b. TIME OF HOUR A.M. DEATH 21a. PLACE C	MONTH DAY Y	EAR P. 21f. LO	ow INJURY OCCURP many second of the contract	an Down		ART 1 OR PART 2)	e	STATE
•	XAMINER: THERTHICATE, VID BE FORW SIRECTOR: PAWITH THE STANGENERAND, 212, RYLAND, 212, AMEDICAL STANGENERAND, 212,	22a. I c	ertify that I taak charge sulted fram: Natu	ge of the remains description of the remains described on the remains describe	cribed above, held a			Í	y , and manner ,	DATE SIGNED		18/
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BATTMORE, MA		MATION, REMOVAL		23c. NAME OF		ADDRESSREUTHEFan Cemetery	23d. LOCATION		COUNTY	SIATE	-
	BP	Buria:	20	Nov. 10,	eral Har	sburg.		Arder E REC'D. BY REGIST V 1 2 1981		Berkeley TRAR'S SIGNATI		Va.

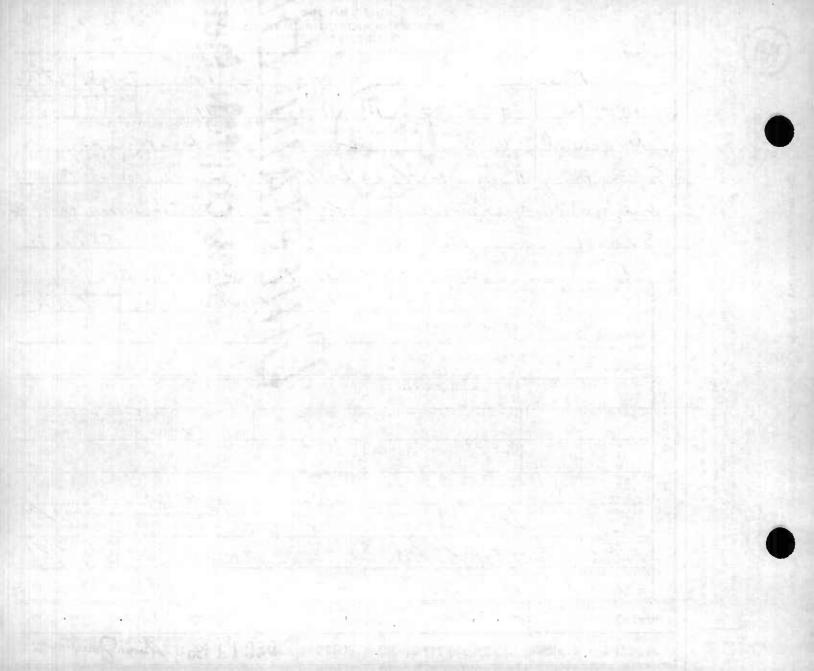
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8	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG	ENE 8 1 3 2 5 9 3
(RA)	1.00	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
we		CEASED NAME FIRST]	ARY MIDDLE LOUISE HINES.	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
moy boge 3	2.65	Man	Louise Hines	Dec. 7/98/ 12AM
tor, p	3. SE	1	S. DATE ONOVH. 11,1890	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
lirect Surs	2 D	Female RTHPLACE (STATE OR FOREIGN 7)	Caucascan 11 11 1890	9/ YRS
The Zaha	7 a. D	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
de thin	10 C	TY OR TOWN OF DEATH 11	NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION	MONTSOMEN MD. 120 USUAL OCCUPATION O 126 KIND OF BUSINESS OR
_ 5 = 0 = 71	-	2 1/1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION (170PE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY HOME
1201 in by e file	USU	AL RESIDENCE HE NURSING HOME OR OT	HER MAY M. WISCA) HELTH (EXE	+4+MWIFE
NND 2	130 3	. / // /.	13d. CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS
3 5 5 S	14. FA	Manyland Man	ds. MOTHER'S MAIDEN NAM	18825 STrawberry Knoll Kd.
MARY mplete ond 2		FIRST	TE LAST FIRST	MIDDLE
0	lée V	VAS DECEASED EVER IN U.S. ARME		ADDRESS SCHULL
BALTIMORE, soft be execu-		(IF YES, GIVE W	AR OR DATES)	
E o ovi o	-	NO LA CAUSE OF DEATH S		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., BAL		18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED E		UG BETWEEN ONSET AND DEATH
N P Dan e	17	49 E NIMMEDIATE		1001
PRESTON he death a me offendin emove corbin mation, or f fraumatic	>	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
PRE dhe de de montre de		gave rise to immediate couse (a), stating the	(b)	
W. yy the	6	underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
gned buriol,		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM!	NAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, NG PHYSICIAN; The low requir offending physicion. offer this certificate been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	ON			
ECO ow ramit.	FICATION	19s. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	19s. AUTOPSY? 39s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL & AL & AL & I ion.	E		Elizabeth Elizabeth Elin Elin Elin E	YES NO NO NO
VIT. Thysici hysici ronsi Hyg	CERTI	216. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	21s. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	ED (ENTER NATURE OF HOURS IN ITEM 18, PART I CREPART \$1
SICIA ng p certif urial-i	MEDICAL	THE STREET HOTELY NODE OF BEATH	P.M. 19	
PHYSIA ending this ce be buring dor he	EDI	214 NJURY OCCURRED	218. PLACE OF INJURY 218. LOCATION 218. PLACE OF INJURY 218. LOCATION 3.18831	CITY OR TOWN! COUNTY STATE
offer the hon	>	MUNITED WINDER	11 10/3/0	10/11/01
Se eol E		72s. I certify that (1) (this hospital	astronged time decogning from 10/00/19	to 10/1/01 10 that (I) (w) last
R ATTEND hospital or RECTOR: y red for use spt. of Heo tem 21 is m		sow the deceased give an abave (1) (ve) (did) (did parts	ew the body after death. 19, and that in (my) (or) opinion of	eath occurred an the date and hour and from the couses stated
A Pare		226. SIGNATURE	DEGREE	22c. DATE SONEY
te de de la familia de la fami		Heurs .		MEDICAL STAFF DIRECTOR PHYSICIAN
HOSPITAL ined by th FUNERAL wild be det by the Stote		22d. PHYSICIAN'S NAME (TYPE OR PI		1 Pallacla h 120011
		HENRY (, 20	PRUCOSMI). 5413 (ed	ar ha. I sethesda Indoorg
D 2 0 4 3 8	23 a. E	URIAL, CREMATION, REMOVAL	Dec. 9,1981 St. John's	23d. LOCATION Montepunty Md. State
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DHMH-16 30M 2/80		INERAL DIRECTOR	LAYTONSVILLE, MD. 20879	REC'D. BY REGISTRAR 25b. REDISTRAR CONATOR
(VRA 15, 4)	I	KANUID H. B AKBER	DATIONOVIDLE, I'D. 20019	



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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injury, or other troumotic .

should be detached for use as the burial-transit permit. Then please remove cort with the State Dept. of Health and Mental Hygiene prior to burial, cremation, an IMPORTANT, if them 21 is marked or Item 18 shows ony injury, or other traumating. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottendi

FOR STATE REGISTRAR

Capitol Funeral Service, Fairfax, Va.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 2

						REG. N	0.		
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
	Paul		Edward		Hoag	December	12,	1981	7:53 ^a M
3. SE		4 RACE		5. DATE		6 AGE (IN YEARS LAST BIF	(YADHTS	IF UNDER 1 YEAR	IF UNDER 24 HRS
]	Male	White		09	703/1964 EAR	17	YRS	MONTHS DAYS	HOURS MIN.
7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY C			
	New York	USA		WIDOWI		Montgom	ery		MC
1	Bethesda	The C	linical	Cen	ter, NIH	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Student		LIFE) INDUSTRY	of Business Or Cation
130	AL RESIDENCE (IF NURSING HOME OF STATE 134 COULT	NTY	Brockp	N	138 INSIDE CITY LIMITS?	13e. STREET ADDRESS 54 Sout	h St	reet	
14 F.	ATHER'S NAME PIRST Daniel	MIDDLE J.	LAST Hoag		IS MOTHER'S MAIDEN NAM			Mavl	51
	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS	PELYL	
L (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	Unknown		MR. DANIEL	HOAG (NOK)		Same as	above
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per	fine for (a), (b), and	die				APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CO		EATH BUT		NAL DISEASE OR CON	20b. IF Y	ES, WERE FINDIN	NGS USED
E						YES NO		YESX	NO []
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	P./	M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (X (this hospi saw the deceased alive an above, (I) (wX) (did) (d.X.x)	12 Dec	e deceased from	81 . or	ovember 19 <u>81</u> and that in (Xy) (our) apinion d			our and from the	that X (we) lost causes stated
	Mary F.	Metu	n' M		ATTENDING PHYSICIAN	MEDICAL STAI	IAN	220 DATE	12/11
220 5	MACY F URIAL, CREMATION, REMOVAL		n M	0	Institutes				tional da, Md
В	urial	Dec. 1			emetery or crematory .ivet Cemetery	Sweden,	New	York	STATE
24 FU	UNERAL DIRECTOR Capitol Fun	eral Ser	rvice. Fa	irfov	25a. 2	C1 5 1981	20	HUA PONAT	Markey

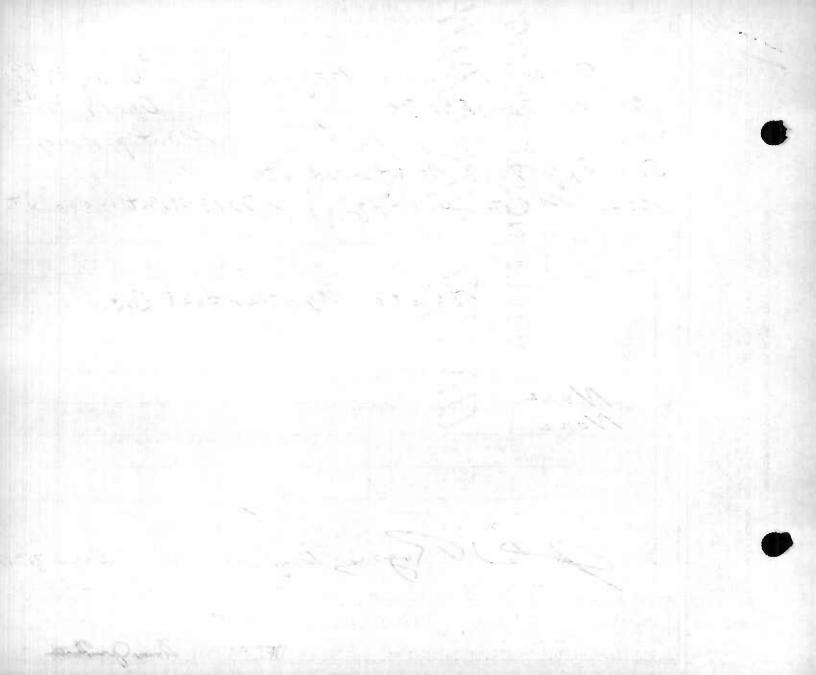
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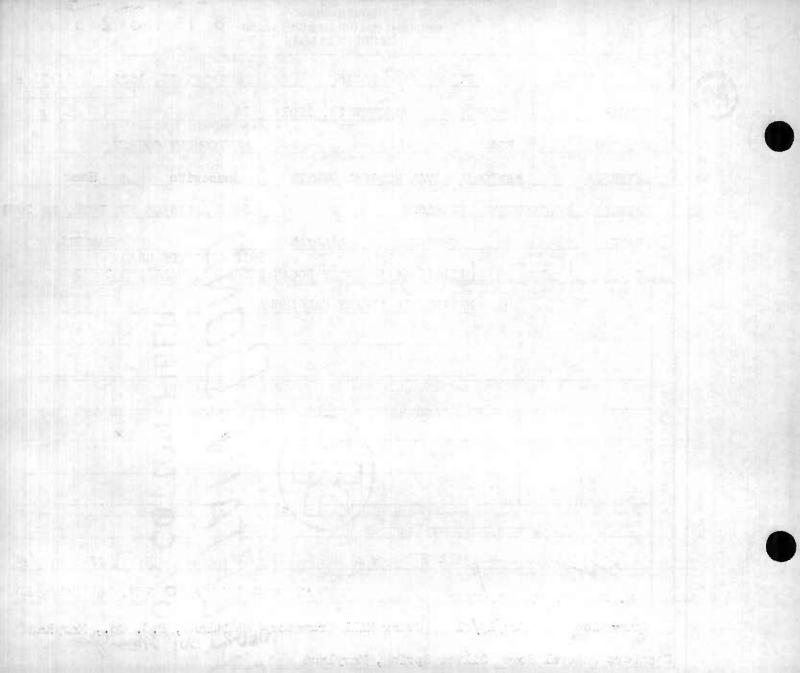
TO HOSPITAL

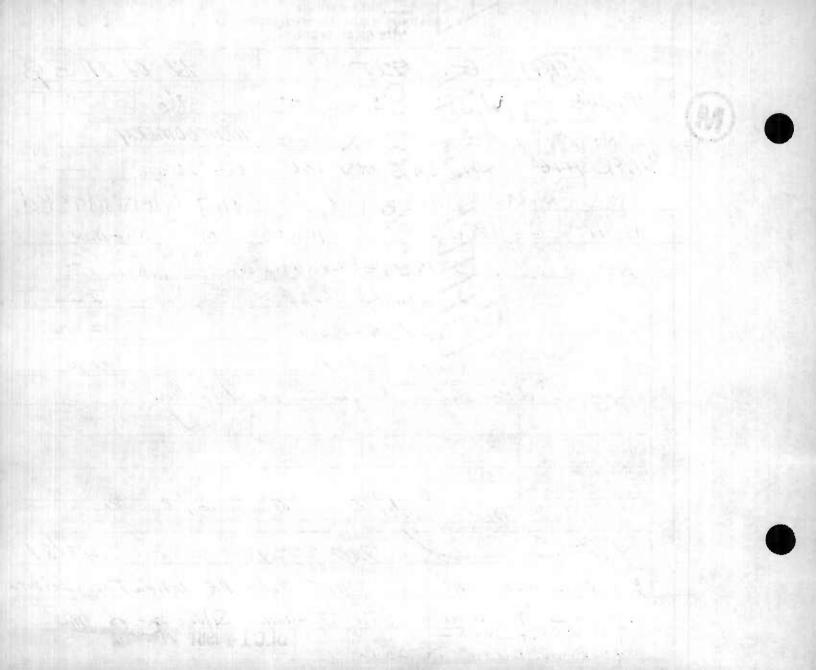
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN
OF ESTIDEATH MATED (TYPE OR PRINT) UNERALDIRECTOR. 5 FOR YOUR FILES. WITHIN 22 HOURS 4. RACE 3 SEX DATE OF AGE (IN YEARS IF UNDER 24 HRS 24. DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD (STATE OR 7g. BIRTHPLACE MARRIED DENEVER MARRIED FOREIGN COUNTRY U.S.A. OREGON DIVORCED WIDOWED 201 W. 12a. USUAL OCCUPATION (TYPE OF VORK FILED, O. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LAWYER HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN DEU USED AS A BURIAL -TRANSIT FERMIT. PAGES I AND 2 SHOULD BE OF HALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, RIAL, CREMATION, OR REMOVAL. GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? YES [1. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE UNKNOWN UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WIFE YES WW 540-16-7128 BEATRICE L. HOGAN SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line farm), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION E DEPARTMENT OF HEA 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CATE, WRITING THE FORWARDED TO CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY 21f LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED PROFERAL DIRECTOR; PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY 21201 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted fram: Accident Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER SIGNATUR EXAMINER SEMINARY ROAD. SILVER SPRING, MD. JOHN S. ROGERS TYPE OF PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION VIRGINIA SPECIFY) ARLINGTON NATIONAL BURTAL 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 500 UNIV. BLVD. W. SILVER SPRING MD 20901

15M 2/80







requires that the death certificate be executed within 21

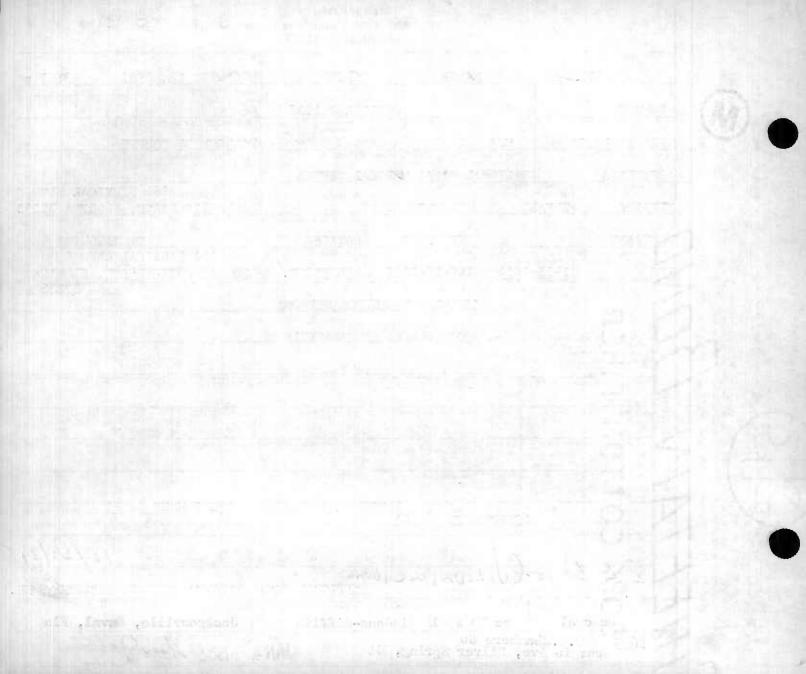
TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospitol or ottending physicion.

BP.

DHMH - 16 50M 1/BI (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completel. Hine the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 than the filted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

					JIMI	E OF MARYLAND	- Ph 1				
11.	FOR STATE			DEPAI		HEALTH AND MENTAL H	GIENE O 1	5	20	7	
	REGISTRAR					ICATE OF DEATH	REG. NO.				
	CEASED NAME E OR PRINT)	FIRST	MIDDLE LAST			LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
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3. SE	SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HR	
	FEMALE		CAUC			BER 2,1935	46	YRS	VINS	HOURS MI	
le Bi	BIRTHPLACE (STATE OR FOREIGN		b. CITIZEN OF	WHAT COUNTR	Y? B.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH		
	PENNSYLVANIA		USA		WIDOWE	DIVORCED	MONTGOMERY	COUNTY	7		
10 C	ITY OR TOWN OF DEA	ATH 1	11. NAME OF	HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		F BUSINESS C	
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KOS	STANTY	140		DUSHEFS	KT	LOTTIE	WIDDLE	GRI	TATOW	CKT	
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5130 Wisc. Ave. N.W. Wash ADDRESD.C.

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

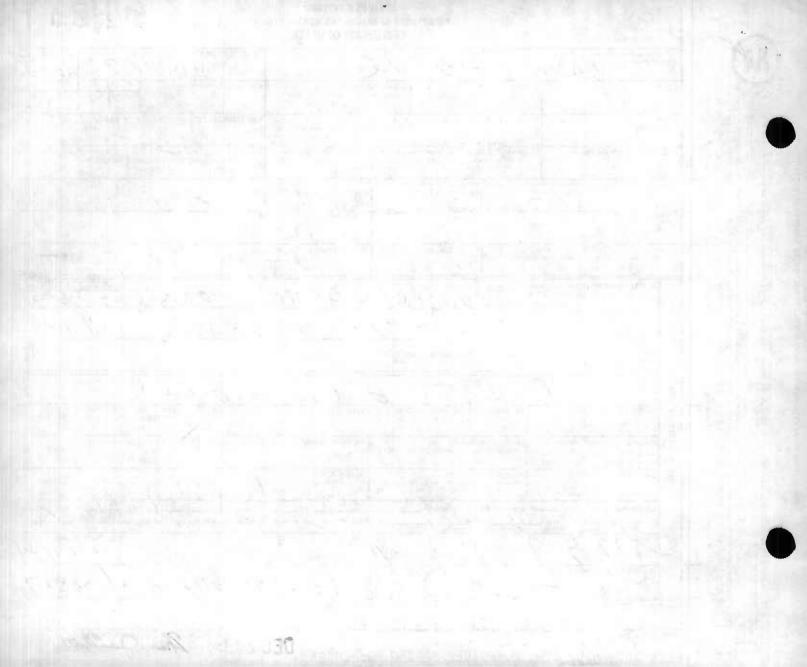
REG. NO

250. DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE

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O. Stuart Scott 10401 Old Georgetown Rd. Betheeda, Md.

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Nurinl 12/6/81 Norbeck ten. Park Tyson heeler Funeral Kepe, Inc. 13-1 Nochville Tike Rockville, Laryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Barbara Hricko November 30. 1981 :07P June SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH YEAR Female White 02 30 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Penna. Montgomery County USA WIDOWED DIVORCED T O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Home Olnev General Hospital Housewife Montgomery DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS Rockville 1/211 Arctic Ave. Maryland Mont. YES TO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Theresa Frank Witkoski Flesher 60 WAS DECEASED EVER IN U.S. ARMED FORCES? PARTI Arctic Ave. 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 161-26-2309 R. Hricko Rockville. Maryland No Andrew 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (gave rise to immediate cause ia, stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YESTOK NO YES K Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f LOCATION 21s. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE Nov. 20. Nov. 30. 220.1 certify that (1) (this haspital) attended the deceased fram. Nov. 30 saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL 12/1/81 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIANS NAME (TYPE OR PRINT) 22e ADDRESS 18101 Prince Phillip Drive ith the IMPORT/ Maryland 20832 narci Olney. 23d LOCATION 23b. DATE 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE Moscow, Pennsylvania St. Catherine's Cem. BP Burial Rockville, Md. 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Tyson Wheeler Fun'l Home 1331 Rockville Pike

And I had the way the

DHMH - 16 50M 1/81 (VRA 15, 4)

/			STATE OF MARYLAND		
1/1	FOR STATE	DEPARTM	ENT OF HEALTH AND MENTAL HY	GIENE 8	3 2 7 0 4
1	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0
	DECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 75 HOUR
7 "	Herbe.	0	4		73 91 1140
1			riune	December	
3	100	1 2 2	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	Dec. 1\ 1899	82	YRS.
70.	BIRTHPLACE (S ATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY C	R COUNTY OF DEATH
/W	ashington, D.C.	. United States	MARRIED NEVER MARRIED DIVORCED	1 1 1	
		1. NAME OF HOSPITAL, NURSING		170 USUAL OCCUPAN	ON SCOUNTY MD.
1	Ball da	OF NOT IN SUCH FACILITY, GIVE STREET AD		(TYPE OF WORK FOR MOST C	
<u></u>	Dernesau	Suburban	Hospital	Attorney	U.S.Gov't.
13	UAL RESIDENCE IN NURSING HOME OR OT STATE 136 COUNTY	Y . I I CITY OR TOWN		13e STREET ADDRESS	
0	ind mo	ntooman, Chau	Oh I Ar	8409 6	unwood Plan.
14	FATHER'S NAME	7 4	15 MOTHER'S MAIDEN N.		grinosco i ide x
1		DDLE	FIRST	WIODLE	LAST
160	WAS DECEASED EVER IN U.S. ARME	Incent Hunt ED FORCES? 16b SOCIAL SECURI	TY NO. 17 INFORMANT	ADDRE	Bremer
100	(YES NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	Bertha G.	Hunt Wif	
	Yes WWI	216-44-2	704 Same as i	tem #13	
	18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3 12	PART I. DEATH WAS CAUSED I		Vere la 11	wident	1100
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	Canditions, if any, which gave rise to immediate	(b) 12ms	u seemen		Thur
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O					
FICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED
/ E					IN CERTIFYING CAUSES OF DEATH?
E E	21g. ACCIDENT WAS UNDERLYING	7 lb. TIME OF INJURY	In House was	YES NO	YES NO
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1 5	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TO	WN COUNTY STATE
2	AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARA	M, ETC) SIREE!	CITY ON TO	WA COUNTY STATE
	22a I certify that (I) (New haspital)) attended the deceased from	Chag 1979		7. 3
	saw the deceased alive on	Mec 22 1001		dooth occurred on the de	ite and have and from the couses stated
	obove, (li (w b) rdidi (did noti v	view the body after death.		death accorred on the do	
	1 SIGNATURE		DEGREE		22¢ DATE SIGNED
	1 that de	nekall	MD ATTENDING PHYSICIAN	MEDICAL STAF	IAN 12 23 81
	THE PHY CIAN S NAME (TYPE OR PE	RINT)	22e ADDRESS 500	Done Bon	3 17 17
	William E T.	unlenda W.D.		O Reno Roa	a, N.W.
	William F. Lu	ickett, M.D.	Washington		
22-		7.50 DAILS 731 NA	ME OF CEMETERY OR CREMATORY	23d LOCATION	
23a	BURIAL, CREMATION, REMOVAL	nec.		CITY OR TOWN	COUNTY STATE
	Burial	28,1981 Par	klawn Memoria	CITY OR TOWN	ckville, Maryland
L	Burial		klawn Memoria	CITY OR TOWN	ckville Maryland

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Item 8 g562 12/15/81 gj

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(M)

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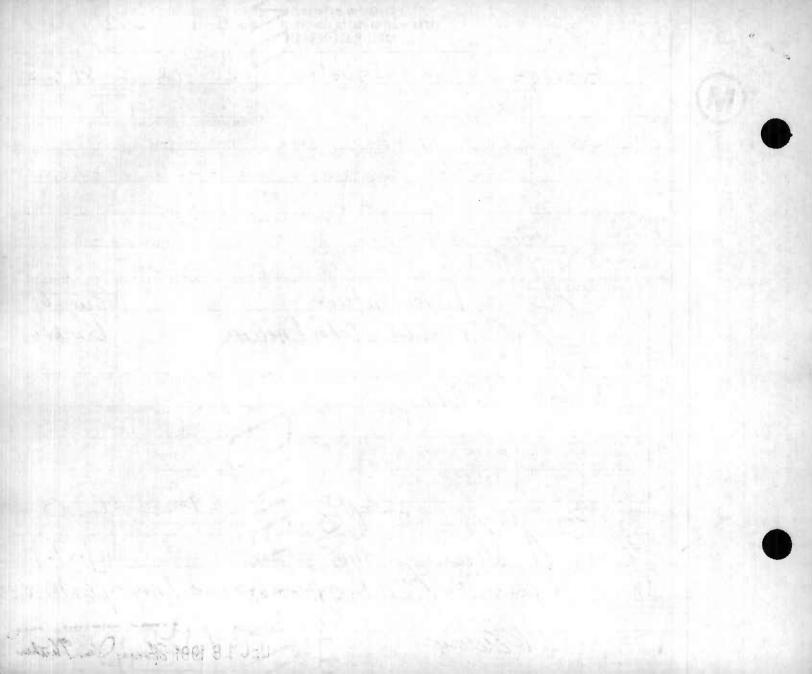
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Colorati Funeral one-Palia Church. VA.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TTYPE OR PRINTS cora 3. SEX 4 RACE AGE IN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR Male White 1907 June TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia WIDOWED DIVORCED [Montgomery 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Washington Adventist Hospital Public Schools ould be COUNTY 13e STREET ADDRESS 818 Randolph Street. --= Wash. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST William Isbell Rhodie Reed 818 Randolph St.N 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) WWI 579-60-5233 Adelaide S. IsbellWash. Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost a. PART 2 OTHER SIGNIFICANT CONDITIONS CONTURVING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION prior 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene NO NO [shov 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDIC AL EXAMINER) P.M 19 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY orked or AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE this hospital) attended the deceased from (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL ild be deta the State DIRECTOR | PHYSICIAN PHYSICIAN 22e. ADDRESS 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION Burial Gate of Heaven Cemetery 24 FUNERAL DIRECTOR MANDORE P.O. BOX 7428 DHMH - 16 50M 1/81 (VRA 15, 4) Pumphrey, Inc. Warner Sil. Spr., Md

STATE OF MARYLAND



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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

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IF UNDER 24 HRS

Maryland USA - X Annie K. Stholman George T. Falling Popledville,Md. To the State Setty Owen 17524 Collins Circle MARKET SEE ASSESSED

Burial (2/16/4) Rockville Union Semetary Rockville, Maryland
1331 Rockville Pike Rockville, Haryland

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		CEASED NAME FIRS	Т	WIDDLE	100	LAST	REG. N 20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR	
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	3. SE		4. RACE		5 DATE	OF BIRTH	6. AGE TIN YEARS LAST BIT		UNDER I YEAR	IF UNDER 24 H	
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3	130 3	STATE	OUNTY AIRFAX	GIVE RESIDENCE BEFORE 134, CITY OR TOWN HERNDON	ADMISSION) N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS HERNDON.		RITON 070	STREET	
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	- 01		ES. GIVE WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT	1110 CR	TON ST	REET		
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		220.1 certify that (1) (this has a saw the deceased alive	e on	e deceosed from		EMBER 19 81 and that in (my) (our) opinion d	, ta_15DECEM leath occurred on the d			that (I) (we) li	ast
		726 SIGNATORE / 1	alin	E E		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF XX	22c. DATE	SIGNED	
		J. H. NADIN	1	MC, USNR		22e ADDRESS NATIONAL			R BET	H. MD	
		BURIAL, CREMATION, REMO			AME OF C	EMETERY OR CREMATORY	23d. LOCATION				_
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721 ELDEN ST., HERNDON, VA

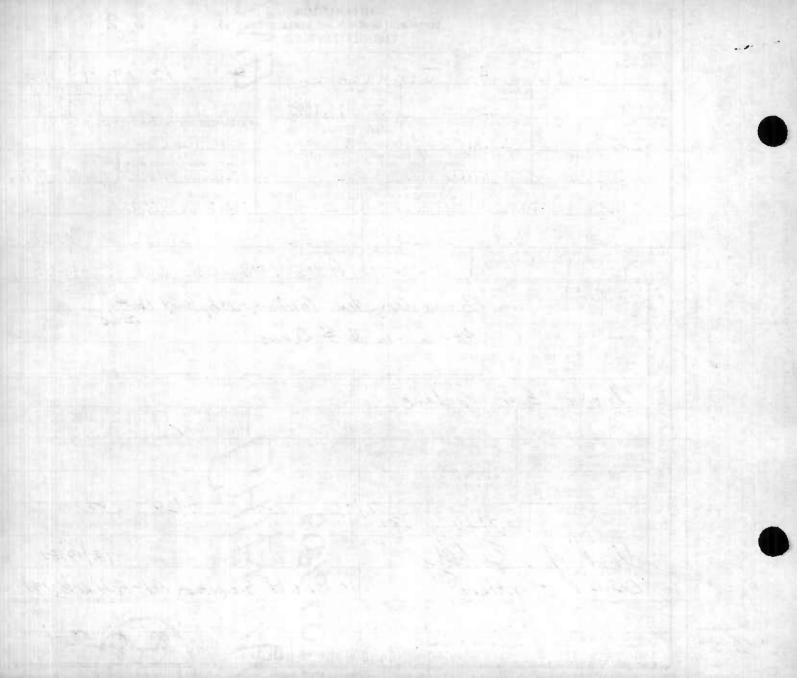
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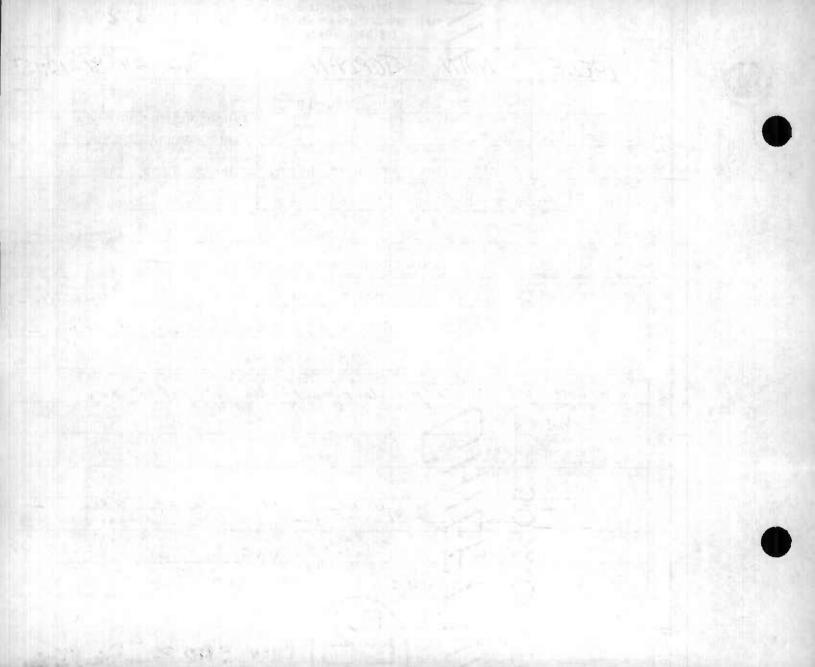
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20	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.

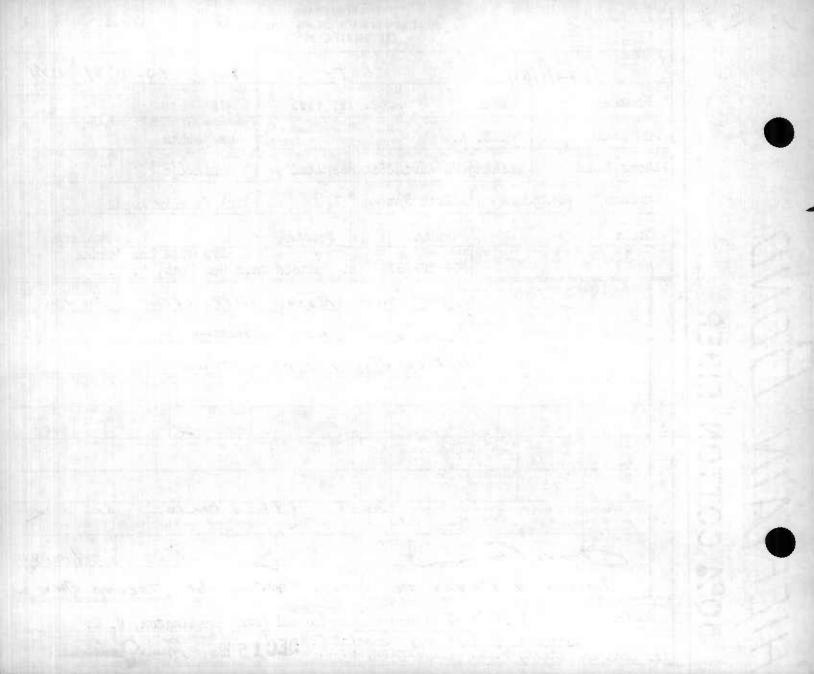
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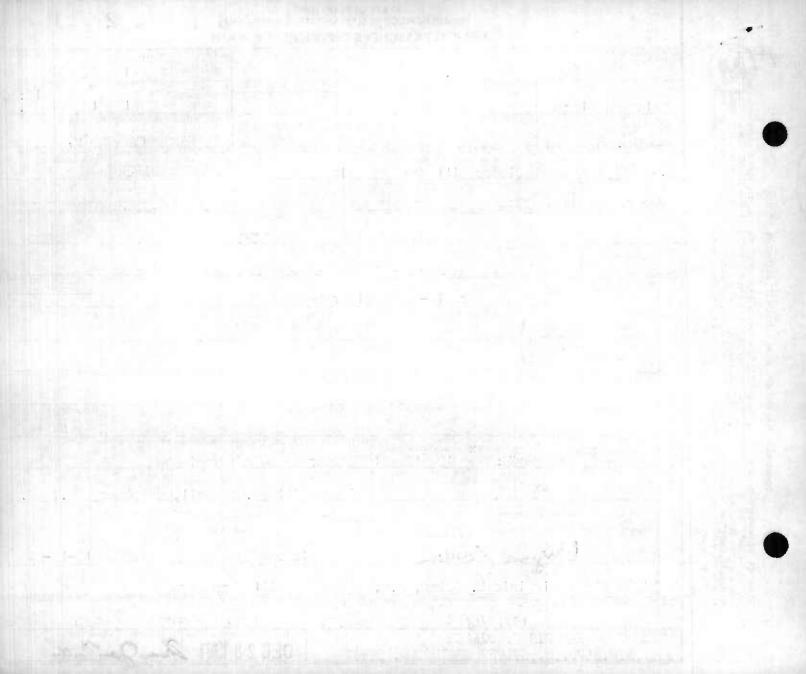


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ge 4 mo	3 SE	x Male	4 RACE White	July	13, 1973 YEAR	6 AGE (IN YEARS LAST BIRTH		FEAR IF UNDER 24 HRS. AYS HOURS MIN.	
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Cian. The law recian. Te has bee sit permit. Sit permit.	CERTIFICATION	Dec. 8, 1981	196 CONDITION FOR W		N WAS PERFORMED	200 AUTOPSY? YES X NO	206. IF YES, WERE FII IN CERTIFYING CAL YES X	NDINGS USED ISES OF DEATH?	
SICIAN: ng physic certificat urial-trans tental Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PAR	7 2)	
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ATTENDIII spital ar CTOR: A Ifar use of Health		220 I certify that K(this hasp saw the deceased alive ar above, K(we) (did) (oital) attended the deceased for the December 8 to view the body after death.		er 26 , 1981 and that in XX (our) apinion			the couses stated	
by the hor by the hor by the hor by the hor betached detached State Dept.		226. SIGNATURE TURLING MAN 1998 226 PHYSICIAN'S NAME (1998)	WE M.D.			MEDICAL STAFF DIRECTOR PHYSICIA	AND 12	ATE SIGNED	
TO HOSPITAL retained by th TO FUNERAL shauld be deter with the Storie IMPORTANT:		CATHERINE +	PILKEN M.D.		220 ADDRESS Nation Clinical Cer	nter,Bethesda			
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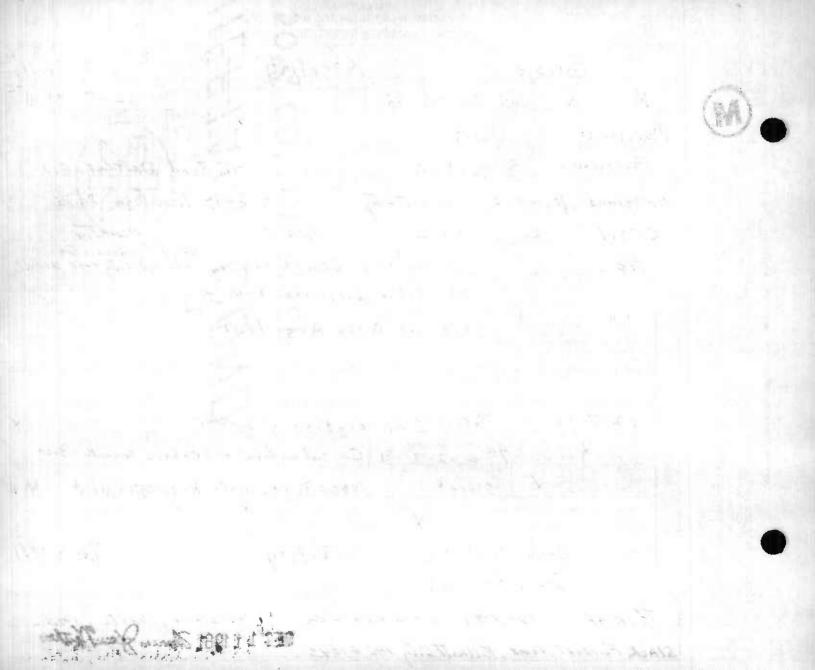
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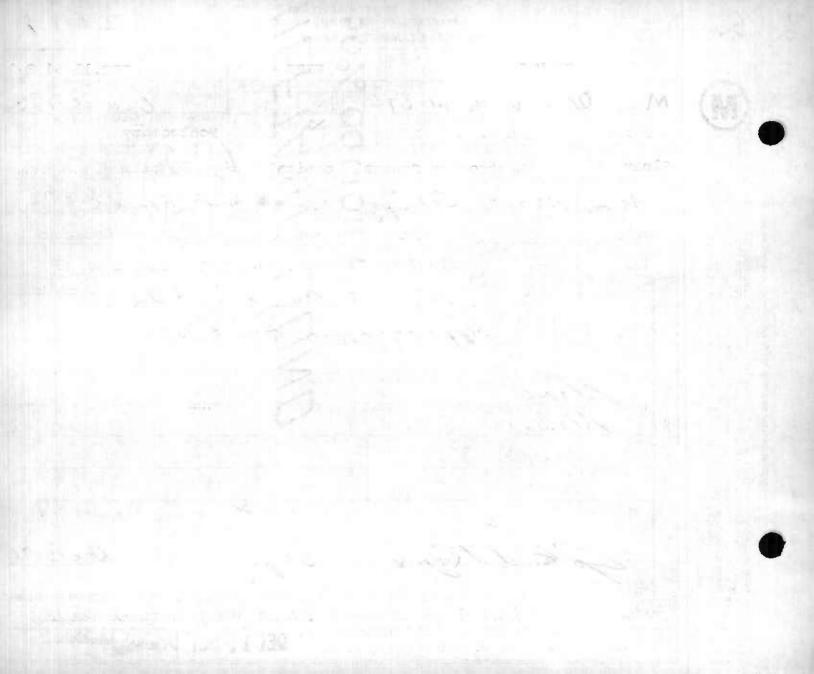
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN XX I. DECEASED NAME FIRST 20. DATE 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 1219 81 Jay Kennedy 4 RACE J. SEX IF UNDER 24 HRS 10:36 DATE LAST BIRTHDAY PRONOUNCED DEAD Male Black 121981 TIII Y 26 1959 D. M 7a BIRTHPLACE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH CAL EXAMINER ALONG WITH FORM PM 3. REND 3 TO THE FUNED BURIAL - TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. PREMATION, OR REMOVAL. MARRIED NEVER MARRIED Y FOREIGN COUNTRY) WIDOWED Montgomery County DIVORCED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS HALL NURSING HON OR INDUSTRY WHEATON PRINTERS HELPER Road at USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND MONTGOMERY STILVER SPRING NO 13508 CRFFKSTDF DRIVE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST JAMES KENNEDY PELLUM 160, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 24 h. ITEM 18. GIV. 1981 JAMES C. SAME AS 579-62-8747 KENNEDY FATHER CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Cranio-cerebral IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL OF HEALTH AND MEN URIAL, CREMATION, C lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WUKU PROBLES & SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. YES XX NO 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR X X MONTH DAY UNDERLYING XXOR MEDICAL CONTRIBUTING CAUSE OF DEATH 10: 30 M. driver in auto/auto 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, FTC 1 NOT WHILE AT WORK AT WORK road Gail Montgomerv 220. I certify that I took charge of the remains described above, held on Undetermined monner TITLE (SPECIFY) ACTUAL Assistant DATE 12-13-81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dolan. M.D. Virginia L. III Penn Street TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE GATE OF HEAVEN SILVER SPRING MD. 24 FUNERAL DIRECTOR FRANCIS J. COLLINS **DHMH-17** 500 UNIV. BLVD. W. SILVER SPRING. MD. 2090 (VR A15 ME (5) 15M 2/80



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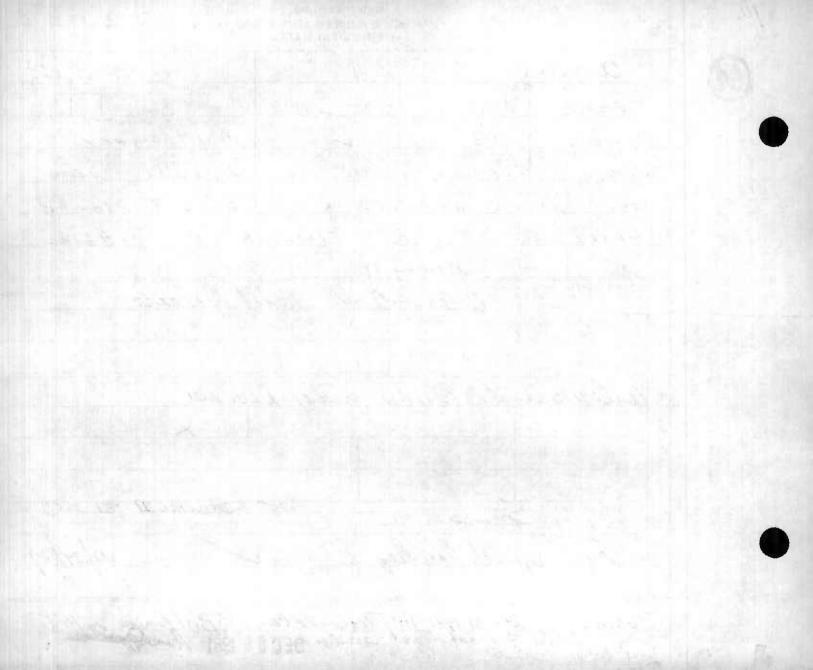


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signe ben p o bur	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	VIRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE OR C	ONDITION GIV	EN IN PART 11a	
red ior to	CERTIFICATION	19g. DATE OF OPERATION	arollo	Cerebro	vorcular 1	useau			
n. n	5	ING. DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES O	F DEATH?
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IYSICIAN: ding physis s certifico buriol-tron Mental Hy or Item 18 y		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		. MONTH DAY YE	AR ZICHOW INJURY OCC	CURRED (ENTER NATURE OF	INJURY IN ITEM IB P	ART 1 OR PART 2)	
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NG offer of the orke		AT WORK AT WORK					1		
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R ATTE hospite RECTO hed for spt. of 1 tem 21		saw the deceased alive a aboy?, (Jr we) (did) (did n	n	de d	., and that in (my) lour) apin	nion death occurred an th	e date and have	and from the co	uses stated
OR or house or house or house or heart filtern		22b. Stophyme	In 1	1 1	DEGREE			274 DAJE 51	SNEP
7 4 7 5 2 4		Hanles	-MIL	Vaulley	ATTENDING PHYSICIAN	G MEDICAL S	SICIAN [12/29	181
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To House	23a	BURIAL, CREMATION, REMOVA	L 23b DATE	23c NAME C	OF CEMETERY OR CREMATO	RY 23d. LOCATION			
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MD. MD. 1, 2, M. 3, M. 3	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
PEATH SES 1, N PM AND SES 1,		Nathar	1		Krame	r	Sabin	a		P	uder	
TIMOR TER DE FORM FES 1 A ION OG	16a. V	AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURI		17. INFORMANT		ADDRESS	Bethes	sda,	Md.
BALTIMORE, MD. IRS AFTER DEATH. IF S. GIVE PAGES 1, 2, WITH FORM PM 3 I. PAGES 1 AND 25 DIVISION OF VITAL		No			578-20-4	5/3	Diana S	. Krame	r; 851	5 Pell	nam R	oad
URS WIT PIN DIN		18. CAUSE OF	DEATH (Enter on	ly ane couse per lin	e far (o), (b), ond (c).)					9 8	APPROXIMATE	INTERVAL AND DEATH
PRESTON ST., ITHIN 24 HOUF CIL IN ITEM 18. KRE ALONG W ANSI PERMIT. AL HYGIENE, D REMOVAL.	#85	I /		TE CAUSE (a)	COTODOS		Suffic	iency	AGU	re-		
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AL REALLY CALLS	CERTIFICATION	19a. DATE OF	OPERATION	196. COND	ITION FOR WHICH OPE	RATION	AS PERFORMED?			20	0 AUTOPSY?	
MTAL RI SHOULD ORD "PE CHIEF / E USED T OF HE URIAL,	IF										YES 🗆	NOV
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TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, WEAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PACA PACER DEATH, WITH THE STAB BALTIMORE, MARYLAND, 213		22a. I certify	that I taak charg	je of the remains de	escribed above, held an	Autop	sy , Inspecti	an 🔼 . Inqu	iry 🗹 ar	nd in my apinia	n	
TAN THE TANK		death resulted	d fram: Notu	ral causes 🔼	Accident, S	uicide _	, Homicide	Undetermined	monner .			
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DHMH - 17 (VR A15 ME (5))				ra Chape	is; 1170 Ro		le Pike	C D TOOP	- i denneralli	W	ATOMA SOLL	
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The Car nay I will will english the Marie Company of Section Contract Processes

	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	3 2 /	2 4
31 1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	AONTH DAY YEAR	2b. HOUR
1	(114)	Josen	oh . C.	Krieger, 3rd.	Dec. 25,	1981	.20 F
M)	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HR
		Male.	White.	Aug. 31, 1951	30	YRS MONTHS DAYS	HOURS MI
A 72 ho		IRTHPLACE (STATE OR FOREIGN COUNTRY) Shington, D.	76. CITIZEN OF WHAT COUNTRY C. U. S. A.	* 8. MARRIED TO NEVER MARRIED TO WIDOWED TO DIVORCED TO	9 BALTIMORE CITY OR Montgo	COUNTY OF DEATH	
filed filed	Ta	akoma Park.	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 7810 Greenwo	NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATIO		F BUSINESS
ould be	13a .	aryland. Mon		Park YES H NO [nwood Ave.	
1 and 2 sh		oseph C. Krie	eger LAST	Shir Tey	WE	Cissel. LAS	
s. Poges I	16a \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		URITY NO. 17. INFORMANT -8243 Maureen A.	Krieger	(13 e)	
oleose remove containing properties, cremotion, or removal.		PART I. DEATH WAS CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	JENCE OF ALGIANT	lynglin	uo	MATE INTERVAL DISET AND DEAT
e prior to bu	CERTIFICATION	19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED
uriol-tronsit premile in the internation in the int		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c HOW INJURY OCCURE	YES NO RED (ENTER NATURE OF INJURY	YES TIN ITEM 18, PART I OR PART 2)	NO 🗆
se os the bur	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	in a	CITY OR TOW	25	STATE
or use of Hep		22a I certify that (It (this haspi	ral) attended the decreesed fram.	, and that in (my) (ur) opinion	death occurred on the dat		that (I) (we)/I

DHMH-16 30M 2/80 (VRA 15, 4)

MPORTANT, If her

Cremation. Takoma Funeral Home 254 Carroll St. N.

73h DATE

Dec.

THE PHYSICIAN S MAKE THIS

23s. BURIAL CREMATION, REMOVAL

23. NAME OF CEMETERY OF CREMATORY El Ft. Lincoln Cr

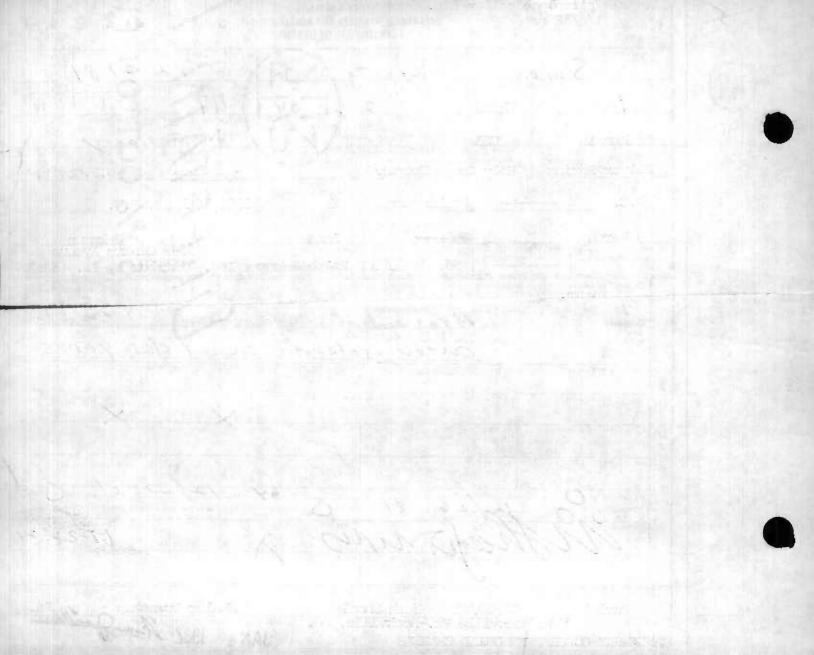
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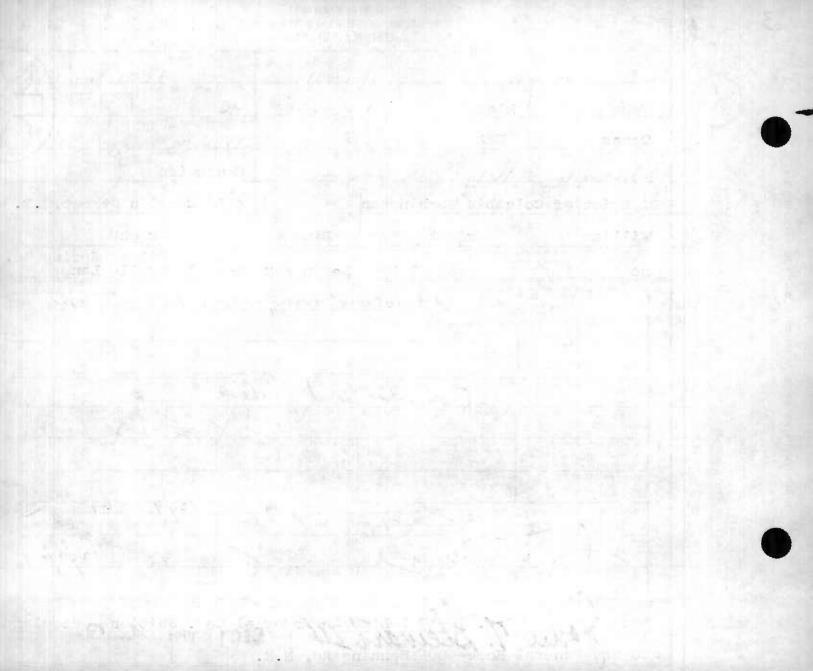
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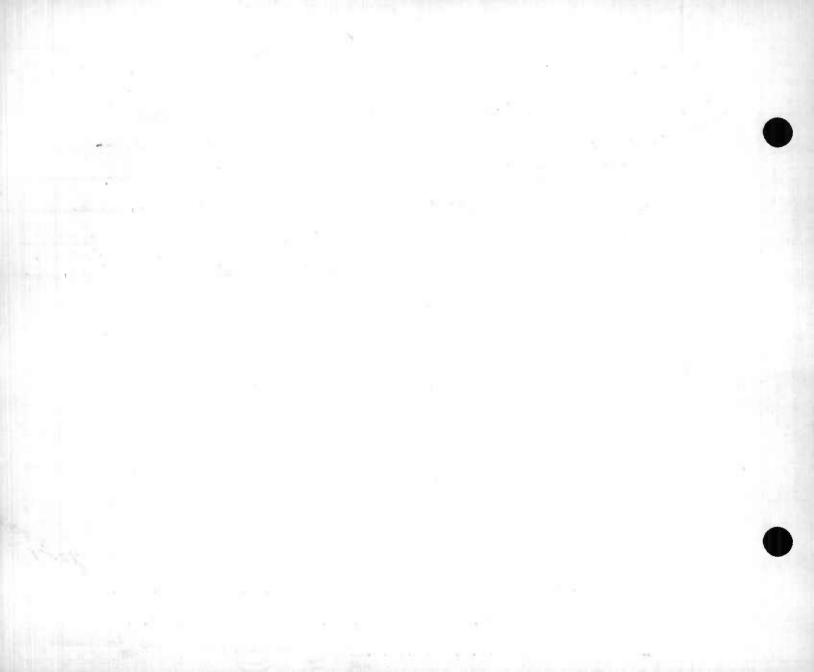
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DIVISION OF VITAL RECORDS,



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	I DE	REGISTRAR CEASED NAME —FIRST	MIDDI F	CERTIFICATE OF DEATH	REG. NO.	
	(TYP	E OR PRINT)	ard Thomas	Leekins	DECEMBER 1	7 1981 11
	3 SE	m	A. RACE Negro	5. DATE OF BIRTH 9 1921	6. AGE (IN YEARS LAST BRITIDAY)	MONTHS DATS HOURS
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35	Ma	ryland Fre	ROTHER INSTITUTION GIVE A DAMS	YES NO X	13e STREET ADDRESS 5014 Doubs	
Oc			enry Leeki		AME Bertha	Bartor
2	160 V	MAS DECEASED EVER IN U.S. AR YES. NO UNKNOWN) (1F YES GI	RMED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 213-18		Leekins, 5014	Doubs Rd.
vent, th		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), ar ED BY: TE CAUSE (a), LOT QUALET	spiratury arrest		APPROXIMATE INTERVA
Ĕ		0 600	DUE TO, OR AS A CONSEOU	LINCE OF		
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20 DATE OF DEATH TYPE OR PRINT Hart BESSIE 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH Caucasian Female ug. 14, 1890 To BIRTHPLACE ISLATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County, Washington DC United States WIDOWED TO 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

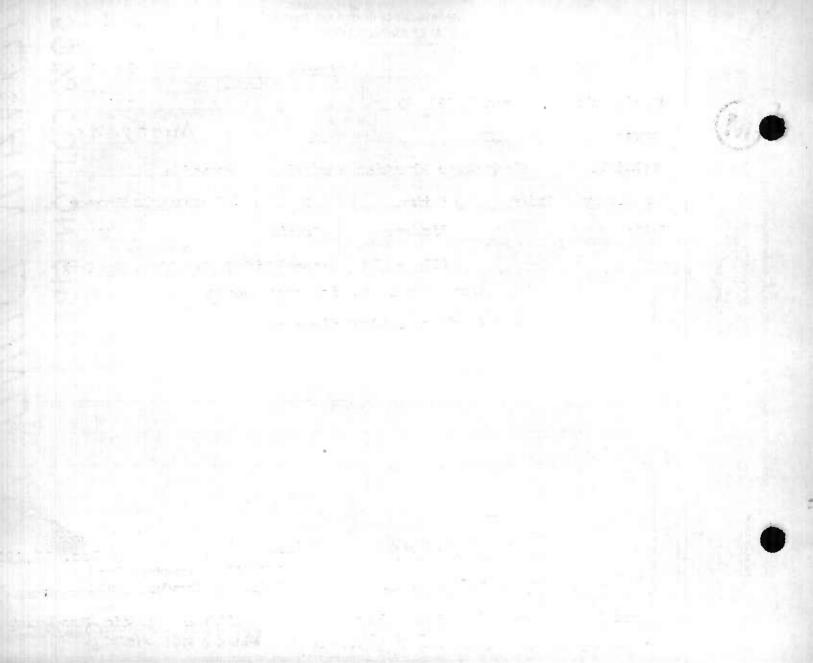
Kensington Gardens Nurs, Home Homemaker Home Kensington SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 3802 Montrose Driveway 13d. INSIDE CITY LIMITS? Maryland Montgomery ChevyChase 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Stephens Helen Hart ADDRESSUZ Montrose 17 INFORMANT NIECE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, MOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 60 4107 Jean T. Ferguson Driveway C.C. Md. 18 CAUSE OF DEATH (Enter only one couse per line for the bold), and ice IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 22a | certify the (1) this hospital) attended the diseased from sow the deceased glive on bove (1) live) folial (did not) view the body after death. and that in (my) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 30, 1981 231. NAME OF CEMETERY OR CREMATORY Glenwood Cemetery Washington. 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL DHMH - 16 50M 1/81 HOMES. P.A., BETHESDA, MARYLAND

Female . - Caucasian Aug. 19, 1890 191 auninated Do United States . Was a selected Country Country Language Candung Mark. Pose Language Contacts Harriand Controllings | 18 | 1802 | Interest Driving menaspal 1887 Spar. in . O. Dienveying nosayant . F meet 101's to Lie Starte aller Reset Factors & States The state of the s consider a distance reference 10. Phil Glenwood Cenetary Chantneton, Intrus. COLUMN PROPERTY PRINCENT COLUMN MOMES, I.A. . BELLINSDA, MARKETTE

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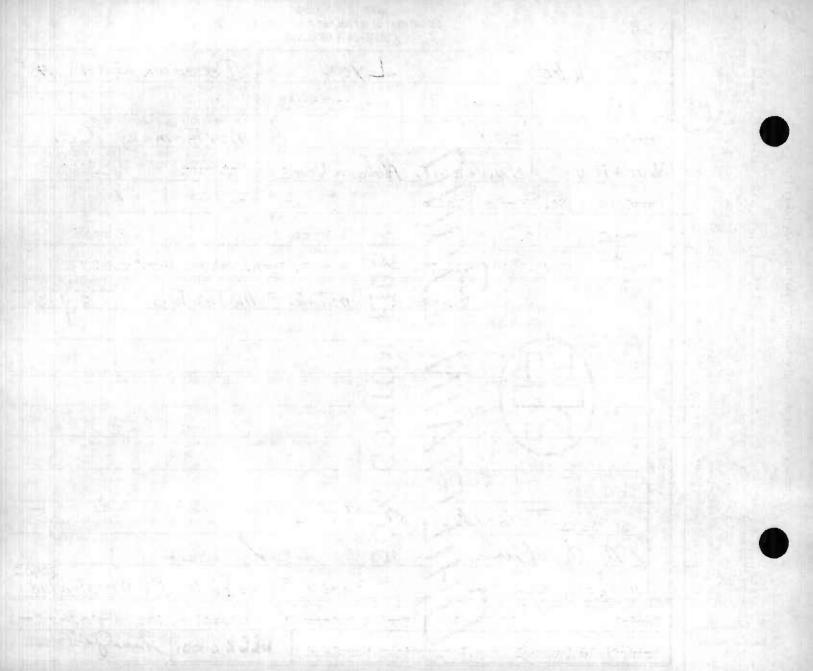
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN T 2a. DATE (TYPE OR PRINT) ESTI-DEATH MATED Irene J. Ludwin 4 RACE AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Oct.29,1925 DEAD 15 1981 Female Cauc. 56 Ta BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRYS United States Massachusetts WIDOWED -DIVORCED County. Montgomery 120 USUAL OCCUPATION (TYPE OF WORK 1120. KIND OF BUSINESS Medical Calling to Tature RINDUSTRY ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Analyst 3. RETAIN PA N.I.H. Bethesda Suburban Hospital USUAL RESIDENCE (JE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 3a. STATE 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery 5833 Conway Road Bethesda YESXX NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST John W. Ludwin Anna Pacek 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT ADDRESS Mrs. Julia M. Soderbaum, Sister, Not Available 402 Stoneham. Sun City 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF 1. Inforetion, olde Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHC EXECUTE THE CERTIFICATE, WRITING THE WORE PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE U AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI YES [] 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY D OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an death resulted fram: Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE Old Georgetown Rd. EXAMINER'S NAM John G. Ball. MD. Bethesda, Maryland (TYPE OR PRINT) ADDRESS_ 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY December 1981 Brookside Cemetery Burial Easthampton, Massachusetts 24. FUNERAL DIRECTOR Robert Asoppesumphrey Funeral **DHMH-17** (VR A15 ME (5)) Bethesda, Maryland Homes. 15M 2/80

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	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG		3 2 / 3
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ny be	404		WILLIAMS	12.	6-81 930
	female		TE OF BIRTH DAY 1892	6. AGE (IN YEARS LAST BIRTHDAY) 89 YR	MONTHS DAYS HOURS
Death. 72 hour	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ashington, D.(P II S A	RRIED NEVER MARRIED	MONT COOM	
Market Market	10-CITY OR TOWN OF DEATH CHEVY Chase	11. NAME OF HOSPITAL, NURSING HOA US NOT IN SUCH FACILITY, GIVE STREET ADDRESS CONTRACT OF THE PROPERTY OF THE	1	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Public Sten	121. KIND OF BUSINESS
25 0	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	ION)	B 505 Springv	
# /iS0	Ben jamin	Cramer	IS MOTHER'S MAIDEN NA	L. MEGOU	Speer
no and co	THE WAS DECEASED EVER IN U.S. AR (195, NO OR UNKNOWN) (IF 195, GM)		48 Walter H.	MacWilliams	#13
redures that the desti- signed by the attending en plane remove cubb to burial, cremation, y injury, or other traum		DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	18	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
in The law the has been thown and thows are	140 DATE OF OPERATION	1% CONDITION FOR WHICH OPERA	TION WAS PERFORMED	206 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES \(\text{ NO } \(\text{ NO } \)
MI + 4 - 5 - F	OF CONTINUING CAUSE OF DATE OF ETHER HOTET MERCAL EXAMINER THE INJURY OCCURRED WHELE HOT WHILE AT MORK AT MORK THE CERTIFY that JET (this hosping with deceased allows on	P.M. The PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFICE FARM, ETC.) tol) ottensted the decreased from Hivings the body offer death.	19 11 LOCATION	city of fowns harune of reducer in mem.	COUNTY STATE
PHO PHO PHO		e Fitzgerald, M.		Ave. Bethe	sda, Md.

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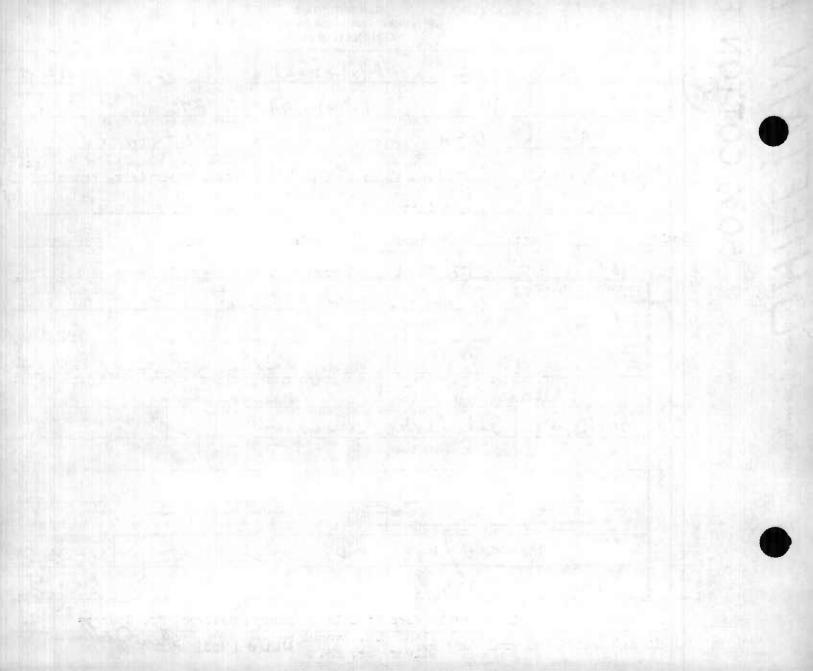
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STATE OF MARYLAND

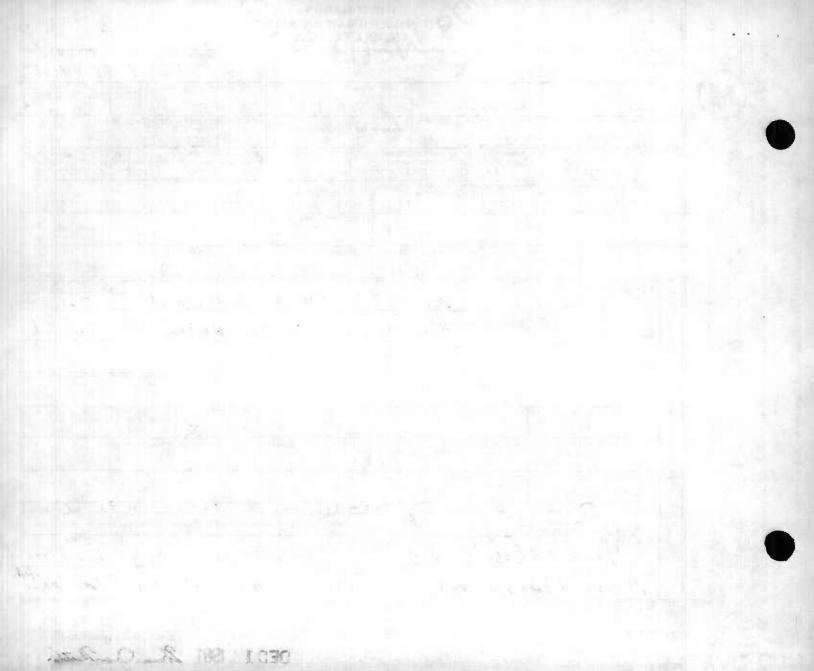


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINT MALATRAS 8:57AM 3. SEX 4 RACE 5. DATE OF BIRTH 1890 6 AGE (IN YEARS LAST BIRTHDAY) MALE WHITE HMOM XXXX TO BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED MONTGOMERY Greece USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY OF THE CROSS HOSPITAL SILVER SPR Restaurant WOUAL RESIDENCE (IF NUR! E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS SHOREFIELD RD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Alexander Malatras Hartopoulos 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17. INFORMANT (wife) Malamo M. Malatrasno 578-48-2088A (same as 130) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and BETWEEN ONSE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. BRONCHO PNEUMONIA) ARTERIOSLUROTTC VASCULAR Canditions, it ony, which gove rise to immediate DUE TO OR AS A CONSEQUENCE OF DISEASE CEREBRO, cause ioi, stating the underlying cause last CARDIAC AND PERIPHERING PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX NO [71a ACCIDENT WAS UNDERLYING TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this houseld) attended the decassed from saw the deceased alive an. and that in (my) -) apinion death occurred on the date and hour and fram the causes stated DEGREE THE DATE SIGNED ATTENDING VMEDICAL MPORTANT 22e ADDRESS 2309 SHOREFIELD KD 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 12-9-1981 Fort Lincoln Cemetery Brentwood 11800 N.H. Avenue, DHMH - 16 50M 1/81 Hines Rinaldi Funeral Home Silver Spring, Md. (VRA 15, 4) **DEC 1.0**

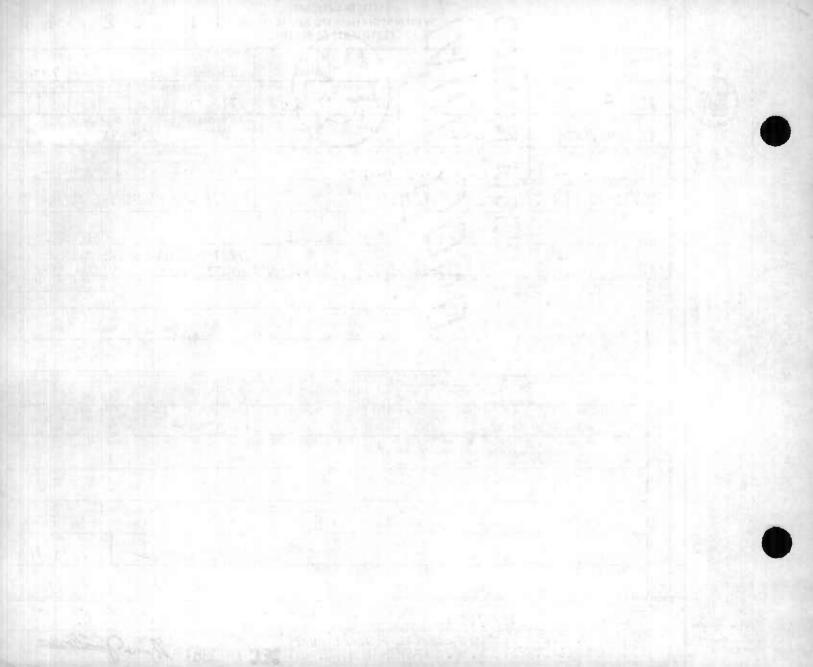
STATE OF MARYLAND

PERSONAL PROPERTY OF THE PROPERTY OF THE PERSON NAMED IN CONTRACTOR OF THE T. S. . (15 - 33) MARKET STEEL STEEL STEEL STEEL CILLER SPECIAL - COLVERGES HOSPITAL REFERENCE DESCRIPTION . TO WELL SHOW IN THE 172-42-1953A Referred H. Math. Man. (same as 13c) FEBRUARY STREET, STREE METRIC SELECTION OF SECURISE CHEDING AND THE TOTAL PREZE 8-9-21 X //M. 22. 35 WILLIAM E. E. ELECTRIC TON THE RESERVED OF THE SERVED OF T Teresta Jeresta Face Lines of Tenescoure Secretarion Leaves He. Hims/ Comed Tunoval dome Silver Spring Mr. 02010 graves the Cal

	1	FOR STATE REGISTRAR		D	EPARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH		, NO.	3 2	14
1	1. DE	CEASED NAME	IRST	MIDDLE		LAST	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
	,	- Continued	JAMES	0.		MANGUM	201 191 111	12	7 81	9:03
M)	3 SE	x MALE	4 RACE	NUCASIAN	MONT	LLY 4. 1914	6 AGE IN YEARS LAS	BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HR HOURS MIN
172 ho		RTHPLACE (STATE OR FOREI OUNTRY) WASHINGTON		U.S.A.	JNTRY?	DEVER MARRIED				
10 pe 10	10 C	ROCKVILL] IF N	OT IN SUCH FACILITY, GI		OR OTHER INSTITUTION	12e USUAL OCCUP (TYPE OF WORK FOR MC	PATION	126 KIND C INDUSTRY	DET CO.
The man	USU 130	AL RESIDENCE (# NURSING STATE 13 MARYLAND		TITUTION, GIVE RESIDEN		134. INSIDE CITY LIMITS?	13e STREET ADDRE			2085
Legister State Sta		ATHER'S NAME FIRST CHARLES	MIDDLE	MAN	ast GUM	15. MOTHER'S MAIDEN N. FIRST ELS	AME MIDDI	e (INKNOWN	
Pages 1		VAS DECEASED EVER IN YES, NO OR UNKNOWN) (11 YES	U.S. ARMED FOI YES, GIVE WAR OR D WW II	ATES)	07-1061	GENEVIE O		SAME	AS 13	WIF
ior to burial, cremation any injury, or other tra	TION	underlying couse PART 2 OTHER SIGNIF	hich liote the lost DUI	ETO, OR AS A COL	MEDUENCE OF	NOT RELATED TO THE TER		ONDITION GI		
Hygiene primit.	CERTIFICATION	19a DATE OF OPERATIO			WHICH OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE FINDIF IFYING CAUSES (ES	
al-tra	MEDICAL CE	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICALE 21d. IN JURY OCCURRED	SE OF DEATH HO	TIME OF INJURY OUR A.M. MON P.M. PLACE OF INJURY	19	21c HOW INJURY OCCUP	RRED JENTER NATURE OF	INJURY IN ITEM 18,	, PART 1 OR PART 2]	No.
as the buris	ME	WHILE NOT WHILE AT WORK	[AT	HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	STREET	CITY OF	NWOT	COUNTY	STATE
ached for use Dept. of Hei		226. I certify that (1) the saw the deceased, obove (1) we) (did 22b. SIGNAFORE	olive on	5-5-	19 81	nd that in (my) (our) opinion DEGREE ATTENDING	. 10	e date and ha	22c. DATE	SIGNED
with the State IMPORTANT:		224 PHYSICIAN'S NAM	E (TYPE OR PRINT) R. Des Asc	15+ 15!))	224 ADDRESS	COPIL-10 SICE		4	n Spain
23 2		BURIAL, CREMATION, REA SPECIFY) BURIAL	MOVAL 23b D	12/8/81	PARKL	EMETERY OR CREMATORY WN CEMETERY	23d LOCATION CITY OF TOWN ROCKVI		COUNTY	STATE MD.
MH-16 25M A 15, 4) 1/79	24 F	UNERAL DIRECTOR F		. COLLIN			TE REC'D. BY REGISTE	AR 25b. REGIS	STRAR'S SIGNAT	URE



70	1 - FOR STATE REGISTRAR		DEPARTMENT OF CERTI	FE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	3 2 /	41
m c	I. DECEASED NAME (TYPE OR PRINT)	FIRST N	NODLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
y be		ENE	BLANCHE	MANN	DECEMBER 3	, 1981	7:14 PM
y om 4	3. SEX	4 RACE		OF BIRTH /	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNGER 24 HRS HOURS MIN
960	FEMALE	WHITE		BER 17, 1910		YRS.	
the TS	BIRTHPLACE (STATE OR FORE PENNSYLVANIA	u.s.A.	WIDOW		9 BALTIMORE CITY OR CO MONT GOMERY		
= = = = = = = = = = = = = = = = = = = =	SILVER SPRIN		HOSPITAL, NURSING HOME HEACHTY GIVE STREET ADDRESS! ROSS HUSPITAL	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORK HOUSEWIFE	KING LIFE) 1/26 KIND O	F BUSINESS OR
MARYLAND 21201 ed within 24 hours ond 2 should be file	USUAL RESIDENCE (IF NURSING 130 STATE MARY LAND	PR. GEORGES	13, CITY OF TOWAR	13d INSIDE CITY LIMITS?	130 STREET ADDRESS HA	MPSHIRE A	VENUE
within within d 2 sho	4 FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
omplete	JACOB	WIDOFE	MASCH	BESSIE	MIDDLE	SOSLO	USKT
	60 WAS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 218-38-9386	17 INFORMANT	7401 NEW HAM	PSHIRE AVE	
	PART I. DEATH WAS	MEDIATE CAUSE (0)	RAS A CONSEQUENCE OF	Failure		APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
W. PRESTON ST., not the death certiful by the attending place remove cofoning of the control of remover the control of the con	Conditions, if ony, w gove rise to imme couse to stating underlying couse	which (b)	Chance Obste	ective Polnone	ey Disacie		
201 med plec		ICANT CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 10	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir rentending physicion. ther this certificate has been sign on the buriol-tronsit permit. Then the and Mental Hygiene prior to be onked or them 18 shows only injury	190 DATE OF OPERATIO	N 196 CONDI	TION FOR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDING CAUSES YES T	GS USED OF DEATH?
ON OF VITAL R HYSICIAN: The Iding physicion. Is certificate has buriol-tronsit per Mental Hygiene Mental Hygiene	OR CONTRIBUTION C CALL	SE OF DEATH HOUR A.A	M. MONTH DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITE	M 1B, PART 1 OR PART 2)	
DIVISION OF DING PHYSICIA or ottending parter than certi- after this certi- shift and Mento- morked or them	(IF EITHER, NOTIFY MEDICALE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAT MOME STRE	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDIN OR ATTENDIN DIRECTOR: At Sober of the out	sow the deceased	nis hospital) ottended the	81 19 PT 6	, 17	to 12/5/VI death accurred on the date an		that (I) (we) lost causes stated
7 + 7 + 9 -	775 SIGNATURE	Doing	NO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN (22c. DATE	13/81
O HO Stornes	274 PHYSICIAN S INAM	Jay Wei	ner mo	270 ADDRESS	-dolph RJ Ro	cks.lle l	nd Dotte
540BP	230. BURIAL, CREMATION, RE. (SPECIFY) BURIAL	12/4/1		OLUMY PALMODRY	ORAH CHY WASHINGT	ON, COUNTY C.	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	232 CARROLL	TEIN HEBREW STREET, N.	MEMORIAL FUN W., WASHINGT	LIVAL HOWEL	REC'D. BY REGISTRAR 256 R	EGISTR SIGNAY	PART SACTO



						STAT	E OF MARYLAND					
	1.	FOR STATE			DEP		ICATE OF DEAT		ENE 8	3	2 /	4 2
	1 05	REGISTRAR			AIDD: F	CERTII	TCATE OF DEAT		REG. N			
		CEASED NAME	FIRST	,	AIDDLE	0.4	LAST /		1	1	DAY YEAR	2b. HOUR
1	- 2		ula		V.	Mar	1		12/29			Y A
V	3 SE	×	4 1	RACE	0.	5 DATE (BIRTH	YEAR	AGE (IN YEARS LAST BIR	The second second	IF UNDER TYEAR	IF UNDER 24 HRS
Į		Tem	ale	W	Kite	111		03	18	YRS		
7		IRTHPLACE (STATE OR FO	DREIGN 7b.	CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARR	RIED 🗆	BALTIMORE CITY C	_		
	_	reece			ISA	WIDOWI			MONTO	ome		ME
N	10 C	ITY OR TOWN OF DEA	TH 11.		HOSPITAL, NU H FAGILITY, GIVE:		OR OTHER INSTITUT	ION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ON DE WORKING LIFE	12b. KIND OF INDUSTRY	BUSINESS OR
J	10	ethesda	- 3		rbal		p, tal		housewife		he	me
Sala	13a	AL RESIDENCE (IF NURSI	13b. COUNTY		13c. CITY OR	TOWN	13d INSIDE CITY LE	MITS?	95 Dawse			
2	-	aryland	Montg	omery	Rock	ville	YES 📉 NO			n Ave	nue	
1	14 F	ATHER'S NAME FIRST	MIDI	DLE	LAS		IS MOTHER'S MAI		E MIDDLE	75	TAST	
1		Christo			Vrio		Ele	ni			gelari	
		VAS DECEASED EVER I	N U.S. ARMEI			SECURITY NO.	17 INFORMANT		ADDRI			lle,Md.
		no	H		068-	09-5414	D Peter	G.	argelis l	5116		
		18 CAUSE OF DEATH	l Enter only o	one couse per	line for (a), (b	o), and ic	0				BETWEEN	MATE INTERVAL
			IMMEDIATE C		arcin	rond co	Porcuss				24	w
		1579		DUE TO, OF		EQUENCE OF					1	
		Conditions, if ony,		(b)								
		gave rise to imm cause (a), stating	the 1	DUE TO, OF	R AS A CONS	SEQUENCE OF						
		underlying couse	lost	(c)					20 000			
	Z	PART 2 OTHER SIGN	IFICANT CON	uditions <u>cc</u>	NTRIBUTING	O TO DEATH BUT	NOT RELATED TO T	THE TERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART 110	
	ATIC	19a DATE OF OPERAT	ION	19b CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	D	20s AUTOPSY?	20b IF YES	, WERE FINDIN	GS USED
7	IFIC									IN CERTIF	YING CAUSES	
7	CERTIFICATION	210. ACCIDENT WAS UND	ERLYING	21b. TIME O	F INJURY		21c. HOW INJURY	OCCURRE	YES NO NO	-		140
1		OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR						
	MEDICAL	1 FEITHER NOTIFY MEDIC		P./ 21e. PLACE (19	21f LOCATION					
	ME	WHILE O NOT WHI	LE C			FFICE FARM ETC)	STREET		CITY OR TO	NWN	COUNTY	STATE
		22s.l certify that (I)		-44			- 26	- C-1		12-29	19 81 1	hat (I) (we) last
		sow the decease		offended file			, , ,		eoth occurred on the d			
		obove, (I) (we) (d 22b. SIGNATURE	id) (did not) v	iew the body	ofter death.		DEGREE				22c DATE S	
		- Marie	0 4	8, 11	111	M.		DING _	MEDICAL STA	FF _	1/2-	- 4
_		22d PHYSICIAN'S NA	ME CIVES OF BE	wive .		1.0	22e ADDRESS	ICIAN	DIRECTOR PHYSIC	IAN []	1/2-	177
	10	n must	1	2	00 1	40		Cake	NOTON [DO R	MAKUII	19 41
1	20	UNIVICE	/	0004	2	22. NAVIS 23				11 - 14	JUNIONA	1 19
		BURIAL, CREMATION, I	REMOVAL	12/3	1/81	Dank 1	EMETERY OR CREM	ATORY	23d LOCATION Park Rock	cville	COUMary	Landale
	24 5	Burial UNERAL DIRECTOTY	san Wh	12/2	LANDEL							
	74 1	331 Rocky	Alla L	iceret.	Packara Packara	TIA MA	i, inc.	250. 0	N 4 1987	Min	W. J.	
	1 2	DOT -OCKA	TITE L	TVG	MACKAT	Trans. 9 121	•	-	144 T 1000			

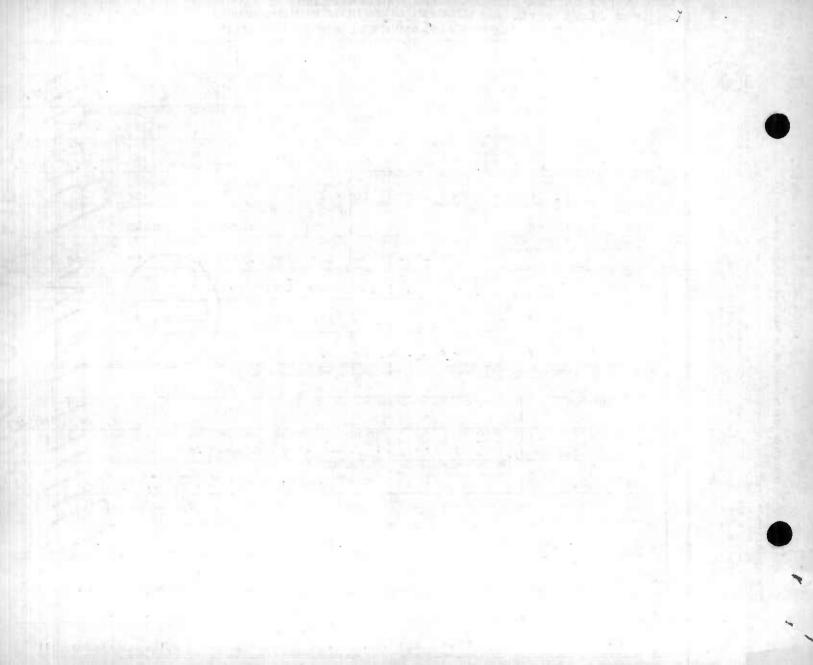
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Purial 12/51/61 Parklawn Memorial Fork Rockville, Maryland Tymon knaeler Funeral Rome, Inc. 1551 Forkville Fixe Morkville, Ma.

STATE OF MARYLAND

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		V	FOR from first co	ert. senQEPARI	MENT OF HEALTH	AND MENTAL H	YGIENE	01	277	44
one.	1		CEASED NAME FIRST	82 dadMEDICAL	10711	LAST War-tin	20. DATE KN	REG. NO MONTH	DAY YEAR 21 10 81	2b. HOUR
his	NIE W	3. SEX	4. RACE Female Causcia	5. DATE OF BIRTH		DER 1 YR. IF UNDER		HTMOM	19 01	2d HOUR
4	PRESA PRESA	FC	RTHPLACE (STATE OR REIGN COUNTRY) aryland	76 CITIZEN OF WHAT COU	NTRY? 8. MARRI	ED NEVER MARRIE	ED 🔲	COUNTY OR COUNTY	of DEATH	AAD
2	PAGE 5		ROCKVILL	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH EACILITY, GIVE	CZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	er institution	120. USUAL OCCUPAT FOR MOST OF WORKING	G LIFE)	OR INDUSTRY U.S. GO	Υ
ertif	RETAIN BETAIN HOULD B	130. S	RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUNT aryland Pr.	TY 13c. CIT	Y OR TOWN Carrollto	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ver Stree		
8. C	DEATH. IF GES 1, 2, IM PM 3. AND 2 SI OE VITAL		THER'S NAME Harry Wood		LAST	15. MOTHER'S MAIDE FIRST Mary	Rebecca	Dennis	LAST	
OFIL	AFTER AFTER THE FORM	16a. \	VAS DECEASED EVER IN U.S. ARM es, no, or unknown) (IF yes, give v NO	WAR OR DATES)	8-09-2349	Dorothy	J. Bird,	ADDRESS Daughter	Same a	as 13
Kan, replaced, 301 W. PRESTON ST., B	ECUTED WITHIN 24 HOURS "IN PENCIL IN ITEM 18. G IL EXAMINER ALONG WIT MARALT RANNSIT PERMIT. PA ND MENTAL HYGIENE, DIV N, OR REMOVAL.		Conditions, if any, which gave rise to immediate couse (o) stating the <u>underlying</u> couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF CN 21 - 7 NSEQUENCE OF CALLERY	arlure. of Het)		APPROXIMATE I BETWEEN ONSET	NTERVAL AND DEATH
15/02 RECORDS,	ULD BE EXEC "PENDING" EF MEDICAL SED AS A BU HEALTH ANE CREMATION,	IFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS C		ATED TO THE TERMINAL DISEASI		IT 1 (a).	A. L.	20. AUTOPSY?	
DIVISION OF VITAL	ICATE SHOUL HE WORD "PI THE CHIEF OULD BE USED TAKENT OF HE TO BURIAL, CR	GERT	210 EXTERNAL CAUSE WAS UNDERLYING OR	21b. TIME OF INJURY HOUR A.M. MONTH	I DAV VEAD	OW INJURY OCCURRED			YES 🗍	NO DE
DIVISIO	E, WRITING TH RWARDED TO PAGE 3 SHOL STATE DEPART	MEDICAL	CONTRIBUTING CAUSE OF D	21e. PLACE OF INJUR	Y (AT HOME, 21f. LO	CATION	elly in Field		Wont-	STATE
	ERTIFICATE, ILD BE FORVAIRE STANDER: 1		22a. I certify that I took charge death resulted fram: Nature	e of the remoins described ab al couses , Accident fm J. Bell		Homicide .	Undetermined monn	er ,	T had	192
-	TO MEDICAL EXECUTE THE CPAGE 4 SHOULD TO FUNERAL AFTER DEATH, BALTIMORE, M.	77a B	SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 123		NAME OF CEMETERY O	ADDRESS	MEDICAL EXAMIN	ER SIGNED	2/29/	
-	BP	E	PECIFY)	. 0 0	edar Hill	Cemetery	CITY OR TOWN	Pr.Geo.	, Mary.	land
	DHMH - 17 (VR A15 ME (5)) 30M 7/73		ncis J. Collin	ADDRESS 500 Silve	University er Spring,		03-82	Julia David		all



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NO	15
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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 2 / 1

	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	2		
		CEASED NAME	FIRST		MIDDLE		IAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	(117	OR PRINT)	Linda		A	Ма	rtin	December	113	25 81	11231
	3. SE	X	4	RACE		5. DATE		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	_
	F	emale	þ	aucas	ian	Sept	1, 1905	76	YRS	MONTHS BATS	HOURS MIN.
X		IRTHPLACE (STATE OR			WHAT COUNTRY?	AA A DD IE	D NEVER MARRIED	9 BALTIMORE CITY	RCOUNT		
Y	_	shington		Unite		WIDOW	DIVORCED [Montgo	mery	Count	y, MD.
7		Bethesda		Subus	rban	ertal	DR OTHER INSTITUTION	128 USUAL OCCUPATION OF WORK FOR MOST CONTROL SECTETATS	F WORKING L	(FE) INDUSTRY	C&P phone
7	130 5	ALRESIDENCE (IF NURS STATE .ryland	MINCOUNT	Y	13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS		7	
5		ATHER'S NAME	noneg	omery	Betheso	a	YES NO I		ery	Lane	
1		Robert	M	IDDLE	Livesay	,	Bessie	WIDDLE	Not	Avail	able
3	16a V	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	4P972	59 Ba	ttery	Lane
1		YES NO OR UNKNOWN)	1,5		77 01 0	477	Grace J. (Cogdill Be	thes	da, M	d,
B		18 CAUSE OF DEAT	H (Enter only	ane cause per	line for (a), (b), fine	H.R.O.	#	01			XIMATE INTERVAL
9		PARTI DEATH W	IMMEDIATE		Carde	the !	alrest-ass	estale		91	min
1		4100		DUE TO, OF	R AS A CONSEQUE	NCE OF	1-1 -01	1		0	-/]
9		Conditions, if ony		(in)_	my	ea	Mil my	arch		X	laro
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2				(10)	Arther	usel	inte Color	gar Mear	1 De	244	4) Aro
13	NOI	PART 2 OTHER SIGI	VIFICANT CO	onditions <u>cc</u>	PATRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	IN ALD SEASE OR CON	OITION GI	VEN IN PART 1	f
4	CERTIFICATION	190. DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDI	
1	TIFI							YES NOTE		FYING CAUSES	NO []
9		OR CONTRIBUTING	CAUSE OF DEATH	,	M. MONTH DA		214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	N IN ITEM 18	PART 1 OR PART 2)	
1	MEDICAL	21d. INJURY OCCUR		P./ 21e. PLACE (19	211 LOCATION				
	ME	WHILE NOT WE	THE RK		EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR 10	WN	COUNTY	STATE
	. 3	22a.1 certify that (1)) stended the	e deceased from		nl 1980	10 Per	25	19_8	that (I) (we) lost
		saw the decease obove, (1) (ye) (ed alive on bid) (did not)	view the body.	49.7 19_X	or	nd that in (my) (our) opinion (death occurred on the do	ite and had	or and from the	couses stated
	73	226. SGNATURE	1	1111	1. 00	~	DEGREE			22c DATE	SIGNED
	13	doto	VI	MAX	20 1	1.1)	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		1/2	126/81
1	3	22 PHYSICIAN'S NA	AME (TYPE OR F	AII	: M.	D	8218 W.sc	acia Au	. 1	3.41.	1. 1/1
-		1701			1		0 0-10	1121N 111	K	14/1/23	100

BP____

TO FUNERAL DIRECTOR:

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by IMPORTAIN: If them 21 is marked or Item. 18 shows any injury

236 BURIAL CREMATION, REMOVAL 236. DATE Dec 236 NAME OF CEMETERY OF COMMENT OF COMMENT OF CEMETERY OF COMMENT OF COMMENT OF CEMETERY OF COMMENT OF CEMETERY OF COMMENT O

ATORY 23d. LOCATION COUNTY
Suitland, Maryland
25e. Date REC'D. By REGISTRAR 25b REGISTRAR'S SIGNATURE

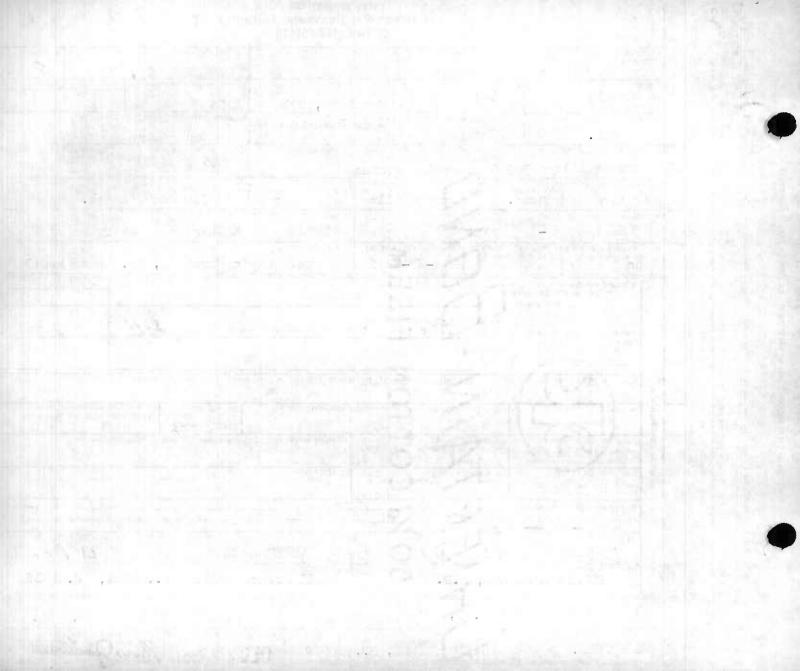
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design courseless male appear of the contract The Property of Parties of the Parti TOWALF. I spryland Hennesserv Lathmeds and 4849 Sernery Lane to one description of the state of LUFTAL 19.1551 Codny Mit-AC LES F. M. . LEVILLE IN . HER YEAR ME THE STREET STREET

STATE OF MARYLAND

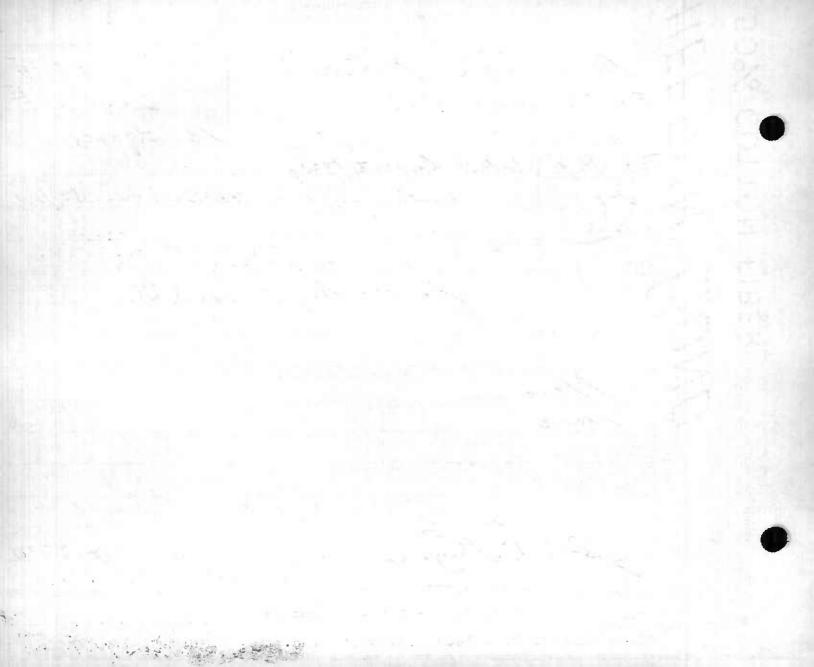
DIVINE The second of th The same of the city water 1821-10-221 The second of th The first the state of the stat A Light Summer and the service of th

198E	32	FOR STATE REGISTR	AR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	3	2 /	4/
-	THE REAL PROPERTY.	I. DECEASED N	AME FIRST		MIDDLE	_	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
Š	be soft	(TIPE OR PRINT)	ELIZA	NE	TTIE	MARS	SHALL	DECEMBER	21.1	981	5 AM
2	ctor, pa	3. SEX Fema	le	White		S. DATE (6. AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
2	and direction on the second of	70. BIRTHPLACE COUNTRY) Ten	ISTATE OR FOREIGN	75. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
2	offer der de within	10. CITY OR TO	wn OF DEATH	11. NAME OF	HOSPITAL, NURSI	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS H/Wife	OMERY TON TOF WORKING LIF	12h. KIND OF INDUSTRY Home	BUSINESS OR
MEDKAL 12 XAMI	filled in by auld be filled in by auld be filled		NCE (IF NURSING HOME O	R OTHER INSTITUTION		Avenue RE ADMISSION) VN i 11e	13d. INSIDE CITY LIMITS		s deorgia		3
H RYLA	completely and 2 should be a s	Nea		MIDDLE Tre	nt LAST		15. MOTHER'S MAIDEN I	Katherine	e But	try	
OKA TIMORE,	be executed an and camp s. Pages I an	16a. WAS DECE (YES, NO OR UI NO	ASED EVER IN U.S. AI IKNOWN) (IF YES, GIV	RMED FORCES? (E WAR OR DATES)	216-22-		Kenneth C	lyde Marshal	RESS		as#13
$\mathcal{B}_{\mathcal{Y}}$ W. Preston	at the death control of the attending series and control of control of the attention, or ather traumatical of the attention o	Condition gave ricouse underlyi	ns, if any, which se to immediate (a), stating the ng cause last.	DUE TO, O	R AS A CONSEQU	ENCE OF	NOT RELATED TO THE TE		MDITION GIV	(EN IN PART 1(a	yso
CLEARED DIVISION OF VITAL RECORDS, 301	i. The law resistion.	190. DATE	OF OPERATION			OPERATIO	N WAS PERFORMED	200. AUTOPSY?	IN CERTIF	S, WERE FINDING FYING CAUSES (S []	
CC	PHYSICIAN: The anding physicia this certificate the burial-transit and Mental Hygie d an Item 18 sha		ENT WAS UNDERLYING [BUTING] CAUSE OF DE NOTIFY MEDICAL EXAMINER	HOUR A.	M. MONTH D	AY YEAR		URRED (ENTER NATURE OF IN	JURY IN ITEM 18, F	PART 1 OR PART 2)	
OIVISIO	uG PHYSIC attending fifer this cer st the buria h and Ment	OR CONTR	RY OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
•	I OR ATTENDI the haspital or I DIRECTOR: A trached for use the Dept. of Heal	sow	ify that (I) (this hasp the deceased alive an e, (I) (we) (did) (did ATURE	186	tec 19	81 .0	nd that in (my) (mor) opini DEGREE ATTENDING PHYSICIAN		AFF		
	TO HOSPITA TO HOSPITA getained by JO FUNERA Should be da with the Sto		CIAN'S NAME (TYPE OF DONALD E I	DILLON,			18111 Pri	nce Philip D		EY, Md.2	
1	302	(SPECIFY) Bu		Dec. 2	0 4004		EMETERY OR CREMATOR	LAYTONS		MONT.	MD.STATE
	DHMH-16 60M 1/73 (VR A 15 (4))	FRANCI	S H. BARBI	ER LAY	TONSVILL	E, MD		EC. 2. 3. 144.1	R 25h. REGIST	RAR'S SIGNATU	estle



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1				ATE OF MARYLAND		1 "	7 13	7 1	4. 8
11-	FOR STATE			F HEALTH AND MENT		1 3	de	1 4	1
	REGISTRAR	M		NER'S CERTIFICA	TE OF DEATH	REG. NO).	21.5	
	CEASED NAME PE OR PRINT)	Alexandr	a N.	Matussewi	ch c 20. D	ATE KNOWN DF ESTI-	MONTH	DAY YEAR	26 HOUR
	Mex	andvis	a M	sturren	, DE	ATH MATED	Dec	201954	WARE
3. SE	4. RACE	5. DATE OF BIRTI	H 6. AGE (IN	YEARS IF UNDER 1 YR. IF U	JNDER 24 HRS. 2c.	DATE NOUNCED	MONTH	DAY YEAR	2 HOUR
	FEW.	March		YRS. HO		DEAD DE	2220	1951	M
	IRTHPLACE (STATE OR DREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIED NEVER	MARRIED 7. BA	LTIMORE CITY O	RCOUNTY	OF DEATH	
1 -	Jkraine	USA			IVORCED -	Many	1900	rvu	MD.
	ITY OR TOWN OF DEATH	II. NAME OF HO		ME, OR OTHER INSTITUTION	N 120 USUAL C	CCUPATION (TYPE	WORK 12	OR INDUST	SINESS
	Tak BV	& war	th. Adve	nt Hour	House			OK INDUSTI	(1
	AL RESIDENCE (IF IN NURSING	MOME OR OTHER INSTITUTION,	130 CITY OR TOWN	138. INSIDE CITY LI	- 1100	DDRESS	2 7 4	St.	11.1
14 5	ATHER'S NAME		4/20161	1 1 1 1	MAIDEN NAME	120000	01(2)	~ · · /	vw.
	FIRST	MIDDLE	LAST	FIRST		MIDDLE		LAST	
	Vicholas WAS DECEASED EVER IN U.	S ARMED FORCES	Usovsky	Paleh	ia	Annece	Tic	hay	
0	(IF YE	S, GIVE WAR OR DATES)				rroII A		.P.Md	
1	Vone		579 48	3884 Trina	Fatiadi	(Daughte	er)		
18	18 CAUSE OF DEATH (En	ter only one couse per li AUSED BY:	4 -	1- M		11/2	1	APPROXIMATE BETWEEN ONSE	AND DEATH
		EDIATE CAUSE (o)	Men	00/124	00219	15/ 01	V.		
	1271		R AS A CONSEQUENC	E OF					
-	Conditions, if any, gove rise to imme	ediate (b)							
	cause (a) stating the <u>u</u> lying cause last.	DUE TO, C	R AS A CONSEQUENC	E OF					
		(c)				0.81			
_	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVI	EN IN PART I (a).				
Ō	108	ne							
CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH OP	ERATION WAS PERFORMED)?			20 AUTOPSY	
Ē	Nen							YES 🗆	NOUT
C. C.	210. EXTERNAL CAUSE W.	AS 21b. TIME (OF INJURY .M. MONTH DAY YE	AR 21c. HOW INJURY OC	CURRED (ENTER NATUR	OF INJURY IN ITEM 18 P	ART LOR PART	2)	
S	UNDERLYING OR CONTRIBUTING CAUS		M. 19						
MEDICAL	21d. INJURY OCCURRED	CIRET S	E OF INJURY (AT HOME,	21f. LOCATION STREET		OR TOWN	COLUM	TV	STATE
2	AT WORK AT WORK	E 🗆	ICIORI, PARM, ETC.)	SIRCE	CIIY	ORTOWN	COUN	1 7	SIAIE
		charge of the remains d	lessribed obove held	Autopsy , Ins	spection In		d in million -	ioo	
		FU				· /	d in my opin	ION	
	deoth resulted from:	Natural couses,	Accident,	Suicide , Homicide		ed manner,			
	ACTUAL 2	3 011	6	TITLE (SPEC	2		DATE	cc 207	19.21
1	SIGNATURE	1.0	gers	M.D.	MEDICAL	EXAMINER	SIGN	c c po	100/
1 -	EXAMINER'S NAME		0	1	1919 Semi	inary Ro	1.S.S	.Md.	
	(TYPE OR PRINT)	John G. R	ogers	ADDRESS					
(URIAL, CREMATION, REMO			CEMETERY OR CREMATORY	23d. LOCAT CITY OR TO	ION WN	COUNTY	S1	ATE
	Burial	12/28	/84 Rock	Creek Cemet	11.0001	ington.	D.C.	ALCO TO USE	
24. F	UNERAL DIRECTOR HThes/Rina	1di F HADERE	*800 N H		DATE REC'D. BY REG	ISTRAK IN NEGE	STRAR'S SIG	MATURE	
	HIHCS/KINA	TOT L'III.T	1000 H.H.	Ave.b.b.nd.	DEC 3 1 1	181 2	W	This	(Ba)
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(VRA 15, 4)

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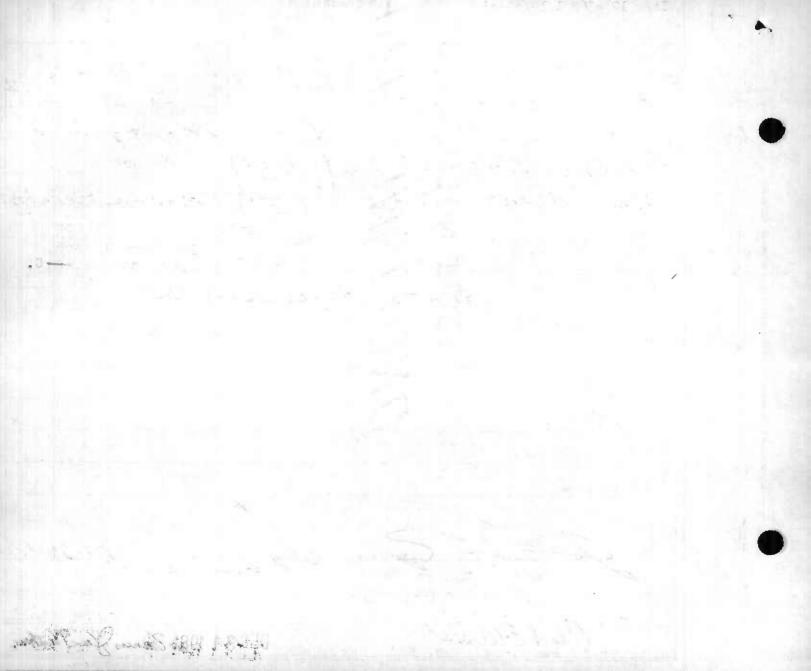
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

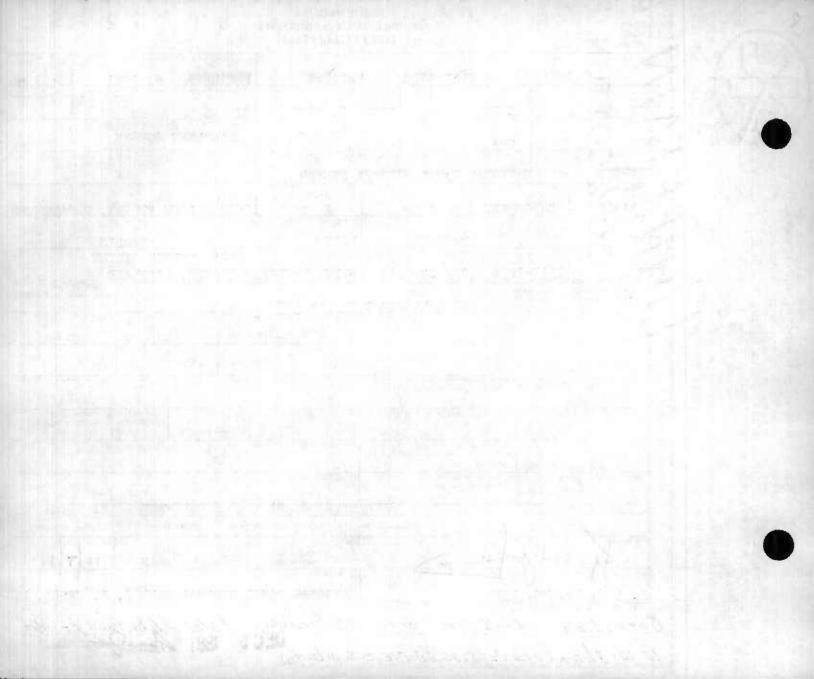
CERTIFICATE OF DEATH

CARL M. JAMES FOR MAN LOW MARKED OF BOTH B. LEE MERCH

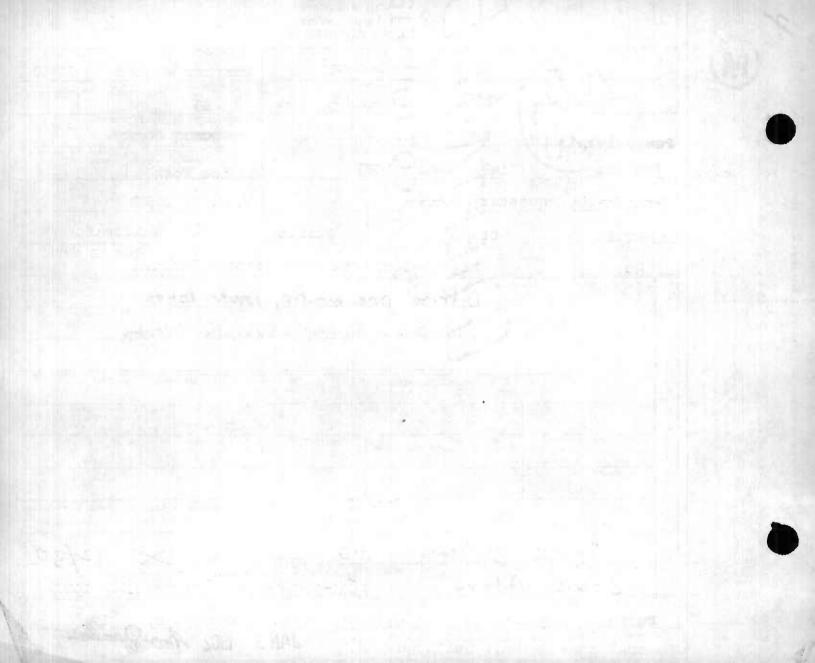
	. 1		tem 17 g563 1/1	19/82 gj			ARYLAND		7 0	7 0	1
.4		1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
		I. DE	CEASED NAME FIRST		WIDDLE	LK 3 CI	AST AST	20. DATE KNO		DAY YEAR	2b. HOUR
5	X 04 05 00 00	(TYP	E OR PRINT)	1. m.	_	Ma	16.	OF ES	TI-		ZB. HOUR
	STREET STREET	3. SE)	4. RACE	S. DATE OF BIRTH			DER 1 YR. IF UNDER 24		MONTH	DAY YEAR	2d_HQUR
2	ON STATE		FW	MONTH DAY	YEAR LAST BIRTHD		DAYS HOURS M	PRONOUNCED DEAD	0.010	7 10 E	24 HOUR
	A STEP	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)		HAT COUNTRY?	8 MARRIE	D DEVER MARRIED	9. BALTIMORE	CITY OR COUN		174 M
	SATEN		nce Co., N.	U. S	. A.	WIDOWE	_/	o Mo	mta	ome.	VY MD
1		10. CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOME	, OR OTHE	RINSTITUTION 12	B USUAL OCCUPATION	ON (TYPE OF WORK	12b KIND OF BU OR INDUST	ISINESS
9	SALUU U	0	11. Spg.	8800	Mond	res	terRLANY	17 Sa	lespers	on	KI
21201	Who 3	13a. S	L RESIDENCE (IF WHURSHIG HOME TATE 13b. COU	NTY	13c. ATY OF TOWN)N)	3d. INSIDE CITY LIMITS? 13	STREET ADDRESS	,		
0.21	54 m 54 0 0	/	no n	lone	10/1 Sp	5'	IES LI NO LA I	000/0	inche,	CtErR	d Apt 7
WD.	1 E E E E	14. FA	THER'S NAME FIRST	MIDDLE	LAST		IS MOTHER'S MAIDEN I	MIDDLE		LAST	0
BALTIMORE	38 ₹ ₹6	lán V	George VAS DECEASED EVER IN U.S. A	PAGE FORCESS	Parrish	V NO	7. INFORMANT	mie		Sibson	
MILI	2888 J	(Y	ES, NO, OR UNKNOWN) [IF YES, GN	VE WAR OR DATES)				h] =	Burwel	.1 Ave.	
¥8	WITH F		18 CAUSE OF DEATH (Enter of		Unobtaina	rprel	Dena Loug	Hen	derson,	N D	C.
ST.	M 18. G WI WI WE, DIV		PART I DEATH WAS CAUS	ED BY:	e far (o), (b), and (c).)	1	11/-	1:01 1		BETWEEN ONSE	T AND DEATH
PRESTON	A ITEM I N ITEM I A LONG IT PERM IYGIENE NOVAL		429 IMMEDI	ATE CAUSE (q)	R AS A CONSEQUENCE)F	700210	1 4-1 01	0		
PRES	ER A NEITH IN SITE IN		Canditions, if any, whic		FO PIN						
₹ 3	OR THE WAY		gove rise to immediat couse (a) stating the <u>unde</u>	, , , , , , , , , , , , , , , , , , , ,	R AS A CONSEQUENCE O	OF.					
201	SA PERSON		lying cause lost.	(c)							
RDS	NG" IN PROPERTY IN		PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NAL OISEASE C	OR CONDITION GIVEN IN PART 1	(q),			
RECORDS		CERTIFICATION	/16n								
	A HE TELL	ICA.	190. DATE OF OPERATION	196 CONDI	ITION FOR WHICH OPER	ATION WA	S PERFORMED?			20 AUTOPSY	?
VITAL	WORD WORD WORD WINTER W	T E	210 EXTERNAL CAUSE WAS	21b. TIME O	SE INTUIDY	Tay year	W. D. LIUDY C. C. C.			YES 🗌	NOW
0 7	THE WRITING THE WORD "THE WIRE WARD" THE CHIEF A NEWARDED TO THE CHIEF A REPORT 3 SHOULD BE USED A REPORT DEPARTMENT OF HEAD ID, 21201 PRIOR TO BURIAL, C		UNDERLYING OR	HOUR A.A	M. MONTH DAY YEAR	ZIC. HOV	W INJURY OCCURRED	ENTER NATURE OF INJURY IN	HEM 18 PART I OR PAI	₹Т 2)	
DIVISION	SHO TO TO THE SHOOT OF THE SHOT OF THE	MEDICAL	CONTRIBUTING CAUSE OF		A. 19 OF INJURY LATHOME.	21f. LOCA	ATION				
Aid S	SE S	M	WHILE NOT WHILE		CTORY, FARM, ETC.)	STR		CITY OR TOWN	COL	YTMU	STATE
Ę	E, W RWA STA STA (21)					_		- X			
	E CERTIFICATE, DUE BE FORW L DIRECTOR: H, WITH THE ST MARYLAND, 2		22a I certify that I took cho	[T]		Autapsy			, and in my ap	inion	
	NEC BE		death resulted from: Not	urol couses	Accident, Sui	cide 🔲,		Indetermined monner	□ ,		
	# 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ACTUAL SIGNATURE	2/1	Goe	M.D	TITLE (SPECIFY)	MEDICAL EVALUATION	DATE	Dec 291	19.51
3	SEA SEA	-		- h C - E	DMI		10 11	wer Spri		De la	, ,
	PRECUE THE CE PAGE 4 SHOUL TO FUNERAL DI AFTER DEATH, V BALTIMORE, MA	and a	EXAMINER'S NAME J	onn S. R	logers, DMI		DDRESS	ver spri	ng, ma.		
225	XXXXXXX	23a.BL	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM	ETERY OR	CREMATORY 2	3d. LOCATION City ORTOWN	COUN	aty c	ATE
0-0	BP	44.5	Burial	12/30/8	1 Elmwood	l Cen	netery	Henders	on, Nor	th Car	olina
	DHMH - 17	24 FU	INERAL DIRECTOR	Collabores.	P.O.		7428 DATE REC	D. BY REGISTRAR 25	h REGISTRAR	GNATUR	Then.
(1	VR A15 ME (5)) 15M 2/80		Warner E. Pu	mphrey,	Inc. Sil.	Spr.	, Md. DL	1 1901	CHANCES	The same	



		1.	FOR STATE			DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HY	GIENE 8 1		32/	5 2
			REGISTRAR CEASED NAME	FIRST		MIDDLE		ICATE OF DEATH	REG.		DAY YEAR	26 HOUR
e 6±			OR PRINT)				100		20 DATE OF DEATH	MOITI	DAT TEAM	26 HOUR
5 60	1	3. SE	v	EVERE	4 RACE	SYLVESTER		McCLURE_	DECEMBER	6,	1981	6:25 pm
May V	1	79			4 RACE		5. DATE (6. AGE (IN YEARS LAST	BIRTHDAY	MONTHS DATS	HOURS MIN
F Pales	1		ALE		CAUC		SEPT	3, 1898	83	YR		
	75		RTHPLACE (STATE (EQUINTRY) HIO	OR FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	MONTGOMER			MD
by the filled with	7		TY OR TOWN OF D		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
ours in b	00	JUSU.	AL RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTION	L NAVAL M	E ADMISSION)	L CENTER	-			
filled hould b	33	M	ARYLAND	MONT O	GOMERY	13c CITY OR TOV WHEATON		138 INSIDE CITY LIMITS?	13e STREET ADDRES		TREET, WH	HEATON MI
and 2 s	57	3	THER'S NAME	٨	MIDDLE	McCLURE		IS MOTHER'S MAIDEN NA	AME		HARRIS	ST
ges			AS DECEASED EVE			166 SOCIAL SECT	JRITY NO.	17 INFORMANT	12050 Mf			
Pag	medica	Y	ES, NO OR UNKNOWN)	1917-	-1946	048-22-9	12/18	HELEN McCLUR				
permit. Then please remaye carba ne priar to burial, crematian, ar re	we any injury, or giner traumotic e	CERTIFICATION	Conditions, if or gove rise to i cause (o), sto underlying course PART 2 OTHER SH	my, which mmediate ting the isse last.	DUE TO, C	OR AS A CONSEOU	ENCE OF	NOMA OF LUNG NOT RELATED TO THE TERM N WAS PERFORMED	MINAL DISEASE OR CC	20b. IF	YES, WERE FINDIN	NGS USED
gien gien		RTII			-				YES NO		YES 🔽	NO 🗌
Them 18		MEDICAL CE	210. ACCIDENT WAS LOR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEAT	P	.M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF IN	JURY IN ITEM	18 PART I OR PART 2)	- 774
rhador	l l	MED	21d. INJURY OCCU	WHILE		OF INJURY REET, FACTORY, OFFICE	FARM, ETC J	211 LOCATION STREET	CITY OR	town	COUNTY	STATE
Healt Healt	SIL SI		22a I certify that saw the decer		ol) ottended th	he deceased from _		EMBER 19 81 and that in (my) (our) opinion	double double double			that (I) (we) last
detached for tate Dept. of			obove, (1) (ye 22b. SIGNATURE	(did) (did not	view he body	ofter death.		DEGREE ATTENDING PHYSICIAN [AFF	22c. DATE	
Should be downth the Stor	S I			NAME ITYPE	HOND			22e ADDRESS	AT MEDICAL	CENT	TED DEMI	ECD4 MD
shoul with	-	23n P	URIAL, CREMATION	LT, MC,	USNR 123b. DATE	22, 1	NAME OF C	NATIONAL NAV	23d LOCATION	CENT	EK, BETH	ESDA, MD
		6	rematie		Dec 8,	/		Hill Cremater	Centr	Helle	Suffland	ge Md.
- 16 50M 1/8 /RA 15, 4}	31	24 FU	INERAL DIRECTOR		as No	VI CADDRESS	OUF =	5 m draw	Gund. D. BAJOBALK	R 21 K E C	SISTRAR' SKENIN	Cot Cram



	1000	1	-7.			ATE OF MARY			" O	7 7	J.
	18	1-	FOR STATE REGISTRAR		DEPARTMENT OF DICAL EXAMII			DEATH	5 2	1 3	Ü
	J.		CEASED NAME FIRST	7716	WIDDLE	McCOKM		20. DATE KNOW	G, NO.	DAY YEAR	26 HOUR
	35.55 F.	ITYI	E L	IZABETH	TRAPP	XXX Q Q RXX		OF EST DEATH MATE		2 &1	10:07
	RECTO RECTO HOU STREE	3. SE		5. DATE OF BIRTH	6. AGE (IN)	EARS IF UNDER 1	YR. IF UNDER 24 I		HINOM	DAY YEAR	2d. HOUR
	ON SOUR		MALE WHITE	JUNE 9	191071	YRS,	HOURS MI	DEAD	12	2 1981	10:00
	の記録は	50	IRTHPLACE (STATE OR DEGINE COUNTRY) ASHINGTON, D.C.	76. CITIZEN OF WI	S.A.	1.4	NEVER MARRIED	9. BALTIMORE	-		
	是是		TY OR TOWN OF DEATH		SPITAL, NURSING HOA	WIDOWED A		. USUAL OCCUPATIO	ONTGOM	LKY 12b. KIND OF BU	MD
	S TREE BOY	S	ILVER SPRING	LIE NOT IN SUCH FA	Y CROSS	HOSPITA		FOR MOST OF WORKING IN	ĔΟ	OR INDUST	RY
21201	SEASON /		TATE 136. COU	VTY	13c. CITY OR TOWN	T3d, INS	SIDE CITY LIMITS? 13e	STREET APPRESS L	200111	וומדו ח'	IVE
	# 5mgm 一	14.5	MD M	ONT.	SILVE				V COLU	MBIA P	
E, MD.	E-891/0	14.0	FIRST	WIDDIE	tast		OTHER'S MAIDEN N		7	CRAWF	Ann
MOR	200 × 40 -	16a. \	YAS DECEASED EVER IN U.S. AF	MED FORCES?	TRAP	ITY NO. 17. INF	SARA FORMANT SON		DRESS	CKAWF	JKU
BALTIMORE,	AGE AGE	I V	ES, NO, OR UNKNOWN) [IF YES, GIVI	WAR OR DATES)	579-40-6		MICHAEL J	. CHANEY	SILVER S	PRING M	D. 2090
	WIT WIT		18 CAUSE OF DEATH (Enter of			1 1		, .	- 1	APPROXIMATE BETWEEN ONSE	INTERVAL A
SNS	PERM PERM PERM AL.		PART I DEATH WAS CAUSE	TE CAUSE (a)	Hew	te /h	4002	vdial	DIS		
EST	THIN 24 I		Canditions, of any, which		AS A CONSEQUENCE	OF		Heave	4 .		
. P		-	gave rise to immediate cause (a) stating the under	(b)	147 1	exte	22120	prave	1119		
201 W. PRESTON ST.,			lying cause last.	DOE TO, OK	AS A CONSEQUENCE	OF					
	D BE EXECUTEI ENDING" IN I MEDICAL EXA AS A BURIAL ALTH AND MI CREMATION,		PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IOITION GIVEN IN PART 1	0			
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00	PATO A	23e.B	URIAL, CREMATION, REMOVAL BURIAL			OD CEMET	MATORY 2	3d. LOCATION	COUN	TY ST	TATE
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STATE OF MARYLAND

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30		CEASED NAME	FIRST	WIDDIE	10.	AST		NTH DAY YEAR	26 HOUR
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may er d	3. SE	X	4. ACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER I YEA	AR IF UNDER 24 HRS
ctor s of t		Female	Can	casian	Marc		59	MONTHS DAYS	S HOURS MIN.
Pog Mulie Mour	7a B	IRTHPLACE ISTATE OR F		N OF WHAT COUNTR	Y? 8		9 BALTIMORE CITY OR C	OUNTY OF DEATH	
EN PA H	7	COUNTRY)	D G II	. 1 0		NEVER MARRIED		Opmen	
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DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires the other drap physicion. If the this certificate has been signed E as the burnol-transit germin. Then plea th and Mental Hygiene prior to burial, anked or them 18 shows any injury, or or a contract of the c	7	PART 2 OTHER SIGN	VIFICANT CONDITIO	ONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	ON GIVEN IN PART	10.
requesto S. The or to or to y injust	CERTIFICATION	m	umme	at yelle	reld	hesen	- Burecks		
ow ow rmit price	S	19a DATOR DERAT	10N 116.0	CONDITION FOR WHILE	CH OPERATE	WAS PERFORMED	20a AUTOPSY? 21	Db. IF YES, WERE FIND OCERTIFYING CAUSE	INGS USED
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N OF	AL	OR CONTRIBUTING C	LAUSE OF DEATH	P.M.	DAY YEAR	/			
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VISI O Pr orten the the ked	×	WHILE NOT WH	HLE (AT HC	DME, STREET, FACTORY OFFIC	E, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
DIN Or			**	ded the deceased from	Check	10 8	1 APLZ	7- 10 8/	
OR: He	100	sow the decease	ed alive on	PA 21 10	1.0	d that in (fry) lour i opini	on death occurred on the date		that () (we) lost
ATT aspired for the defendance of the defendance	11	obove, (1) (we) (a	did) (did not) view the	body ofter death.	11 /		on death accorded on the date		
OR he he he he he coche coche lf lie		226. SIGNATURE	1//	1.14	7	ATTENDING	MEDICAL STAFF	22c. DAT	TE SIGNED
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HOSPITAL ned by the FUNERAL old be det the Stote		12d. PHYSICIAN NA	AME (TYPE OR PRINT)	/	1	22e ADDRESS	, 11 1	10 1.	20.852
TO HOSPITAL etained by to FUNERAL should be dei		Wiki	HAVI	nantravi	+	11165 KG	ekville Kik	P.KaPKI	1110 811.
5 € 5 € 3 ₹	23o.	BURIAL, CREMATION,	REMOVAL 23b DA	TE 23	NAME OF C	METERY OR CREMATOR	y 23d. LOCATION	Truck	FULL MICH
BP		(SPECIFY)	20	Dec.			CITY OR FOWN	Greene	STATE
	24 F	Burial UNERAL DIRECTOR -	1.29	,		0 10 0	tety Worthir		Indiana
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME K		Pumphre			DEC 29 1981 2		They have
	H	omes, P.A	Bethe	sda, Mar	yland		DE0 -2 1301 C	MARCED JAMES	A MANAGE

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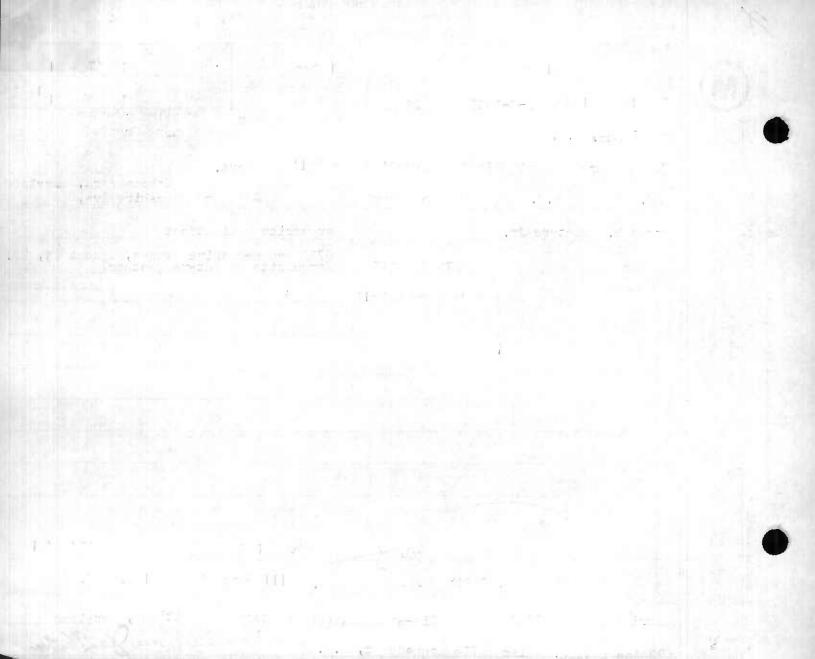
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

NAMES OF THE PARTY

	1						FMARYLAND		- Ca P	10.09	0 7	2 2
	1-	FOR STATE REGISTRAR					TH AND MEN		ATH	S NO	6 1	2 2
	1. DE	CEASED NAME	FIRST		MIDDLE		LAST	112 01 02	20. DATE KNO	REG. NO.	ONTH DAY	YEAR 25 HOUR
	{TYI	E OR PRINT)	Melo	ND.			McIntyr	0	OF ES	TI-	12 27 19	81
	3. SE	(4. RACE	5. DATE OF BIRTH			UNDER 1 YR. IF	UNDER 24 HR	S. 2c. DATE	MOR	NTH DAY	YEAR 2d. HOUR
	F	emale	Black	2-2-1955	2	6 YRS.	DNTHS DAYS	HOURS MIN.	PRONOUNCED DEAD		12 2719	81 12:47
,		RTHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUNTRY	? B MA	RRIED NEVE	R MARRIED 🗓	9. BALTIMORE	CITY OR CO	DUNTY OF DEA	TH
		ashinge		USA					Montgom			MD
	1	TY OR TOWN		11. NAME OF HOS	CILITY, GIVE STREE	(ADDRESS)		FC	DR MOST OF WORKING		ORK 12b. KIND OR IN	OF BUSINESS DUSTRY
	T	akoma P	ark	Washing	ton Adv	ventist	Hospital		vt.			
				OR OTHER INSTITUTION, G					TREET ADDRESS			Marylan
	_	Md.	P.C	Y .	Takon	a Park			5 New Ha	mpshir	e Ave,	
	1	ATHER'S NAME	N T.E.	MIDDLE	LAST			S MAIDEN NA			LAST	
	160.	ames H.	McIntyr	MED FORCES?	16h SOCIAL	SECURITY NO.	Margue 17. INFORMA		Lightfoo	DDRESS		
		ES, NO, OR UNKNO		WAR OR DATES)			6735	New Ham	pshire A	venue,	Takoma	PK, Md
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		PARTIDE	ATH WAS CALISED	D RY.							BETWEEN	ONSET AND DEATH
		410	IMMEDIA	TE CAUSE (o) PU	AS A CONSE							TEACH.
			is, if any, which	1								
	1		e to immediate stating the under-	(b)	AS A CONSEC	OLIENCE OF						
		lying cau			NO A CONSE	DOLINCE OF					24.0	
		PART 2 OTNER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DIS	EASE OR CONDITION G	GIVEN IN PART 1 (a).				
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	3	190. DATE OF	OPERATION	196. CONDI	HON FOR WH	ICH OPERATION	WAS PERFORM	ED?			20. AUT	
_	E	71a EXTERNA	L CAUSE WAS	216. TIME O	FINIURY	71/	HOW IN HIPV O	CCUPPED (ENT	ER NATURE OF INJURY IN	N ITEMA 10 DART 1	YES YES	NO [
2		UNDERLYING	OR	HOUR A.A	M. MONTH DA	AY YEAR	. 110 11 11 130 11 0	CCORRED (EIVI	ER IVAIORE OF HYDRY II	TIEM TO PART T	OR PART 2)	
-	MEDICAL	214 INJUIDY C	NG CAUSE OF I	DEATH P.A.		19 AT HOME, 211	LOCATION					
	ME	WHILE AT WORK	NOT WHILE [STREET, FAC	TORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY	STATE
				e of the remains de	hed obove,	held on Au	topsy X,	Inspection .	, Inquiry	, ond in r	my opinion	
		death resulte		rot spines X.	(Boggiery 5	. Surcive	, Homicid	le Unc	determined manner			
			1	7) /	110		_TITLE (SPE	CIFY)			10.0	00/01
	1	ACTUAL SIGNATURE_	Y	Moway	010	wet	Deput	y Chief	EDICAL EXAMINE	R S	IGNED 12/2	28/8!
7	-	EVAMINED/C	NAME	,		40					MD	
1		EXAMINER'S (TYPE OR PRI	Thon	nas D. Sm	ith, M.	D.	ADDRESS	III Pe		Balto	., MD.	
	23o. E	URIAL, CREMA	TION, REMOVAL		23c. NAA	AE OF CEMETER	Y OR CREMATOR	23d.	LOCATION		COUNTY	STATE
		Burial		1/2/82	Lir	coln Me		emetery		tland,		nd
	-	UNERAL DIRECT	TOR	ADDRESS			1.0	" DARY 1	7 1000	REGISTR	RE SIGNATURE	1-1
	J	hnson	Table	Inc 7	16 Kenr	nedy St,	N.W.				Dan 10	una



7	1	FOR			DEPARTA		OF MARYLAND ALTH AND MENT		ENE 8 1	3	2 /	3
	11	STATE REGISTRAR			DEI ARTI		CATE OF DEAT		REG. N	0.		
M. A.		CEASED NAME	FIRST		MIDDLE	L/A	ST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
A BEA	1		'rank		Henry	Mc	Kay, jr.		December 2	29, 198	31	1:35p
W	3 SE	X		4 RACE		5. DATE O	DAY	VEAR	6 AGE (IN YEARS LAST BI	RIHDAY)	IF UNDER 1 YEAR	HOURS M
1		ale		White		Nove	mber 4, 1	1940	41	YRS		
2 30	3	IRTHPLACE (STATE OR FOR	REIGN		WHAT COUNTRY?	MARRIED	NEVER MARR	RIED 🗆	9 BALTIMORE CITY C			
61	1	lew Jersey	11	US	HOSPITAL, NURSIN	WIDOWE		CED [Montgome:			OF BUSINESS
26	E	ethesda		The CI	inical Ce	enter,		11014	Stationary	OF WORKING LIFE	INDUSTRY	Gov't
2 4	USU 13a.	AL RESIDENCE (IF NURSIN			GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LI	IMITS?	13e STREET ADDRESS		160	
16/		w Jersey	Oce	an	Terrace	iven	YES NO		115 E. M	aryland	d Aven	ue
20110	IA. F	ATHER'S NAME		MIDDLE A C -	LAST Con		15 MOTHER'S MAI		WIDDLE	Da	IA.	12
1 /10	160.3	Frank WAS DECEASED EVER IN	H.		Kay Sr	IRITY NO	17. INFORMANT	i e i	ADDR		smuss	sen
24 99	100			WAR OR DATES	148-30-						2.7	No.
	-						Mrs. Sar	ra Mc	Kay (Wife)	same	e addre	IMATE INTERVAL ONSET AND DE
prop prop prop prop prop prop prop prop	1	18 CAUSE OF DEATH PART I. DEATH WA	SCAUSED	BY:	^	(MDA	an I s	EPS	15		BETWEEN	ONSET AND DEA
100		2000	MMEDIATI	E CAUSE (a)			1111					
0.70		Conditions, if any,	ledada	DUE TO, C	DR AS A CONSEQUE	ENCE OF	OLS DI	(FAC	E. / LEUI	EMIA		
111		gave rise to imme	ediate) (b)_			10 - 11 (-	26112	1.1200	1 6 1 (1)		
100		cause (a), stoting underlying cause		DUE TO, C	DR AS A CONSEQUE							
ple urial	1	PART 2 OTHER SIGNI	FICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMI	NAL DISEASE OR CON	IDITION GIVE	N IN PART 1	0
Then to b	NO	C	SON	EMA	RROW	TRI	ANSPLA	NT.				
prior ony	CERTIFICATION	190 DATE OF OPERATION	ON	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORME	D	20a AUTOPSY?		WERE FINDI	
ene ows	E			115.8					YES X NO		X	NO [
ol-tronsit tol Hygi m 18 sh	7 8	21a ACCIDENT WAS UNDER			OF INJURY	AV YEAR	21c. HOW INJURY	Y OCÇURRI	ED (ENTER NATURE OF INJE	IRY IN ITEM 18 PA	ART I OR PART 2)	
	IA O	OR CONTRIBUTING CA		1111	P.M.	19						
N P	MEDICAL	21d INJURY OCCURRE	D		OF INJURY	SAPAA FICI	211 LOCATION		CITY OR 10	OWN	COUNTY	STAT
e os the olth ond morked	2	AT WORK AT WORK	E 🔲	(ATTIONE, 5	THEET, PACIONI, OFFICE	ARM, ETC)				E 100		
eolt s mo		22a.1 certify that (X(this hospit	tol) attended t	he deceased from	Novem	ber 12, 19	9_81	to_Decemb	er 29,	9_8]	that (X (we
of H of H 23 i		saw the deceased	alive an	December the body	oer 29 19 19	81, on	d that in 🎉 (aur)	r) opinion d	eoth accurred on the d	ate and hour	and from the	causes state
ept.		226. SIGNATURE	11	1		[DEGREE				22c DATE	SIGNED
te Do		V. R.	Ka	ita	FIT	MD	ATTEN	NDING SICIAN K	MEDICAL STA			
P Stot		22d. PHYSICIAN'S NAM	ME (TYPE OF	R PRINT)			22e ADDRESS			W 15 15 1		
with the Sto		V.R.	KA	TA.	M.D.		National	Inet	itutes Of I	Tealth	Bath	esda .
× × ×	23a	BURIAL, CREMATION, RI	EMOVAL	23b DATE		NAME OF CI	METERY, OR CREM		23d LOCATION	. Carmy	Tieni	-aug.
	1	Buri8/		Jay 2	1002 W	ost Po	eek lem	neten	West W	ret	Mail i	Terso
50M 1/81	24 F	UNERAL DIRECTOR	1	1		anrai		250 DAY	REC'D. BY PEGISTRAF	2 500V	Dunk	(machini)
5, 4)	1	11 MAME 10 /2	inho	15 Cm	8655 _{ESS} C Silver	Sprin	a Ave	JAIN	1307	- I say	U	
	10	1. 10. 130	100		Van	- ~11	5. A.	1			3236	

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FOR STATE PEGISTRAE

injury, or other troumotic event, th

IMPORTANT: If them 21 is morked or Item 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	1	3	2	3	6	
	DEC NO					

1 0								11		
	ECEASED NAME	FIRST	WIDDIE		l.	A51	20 DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
	CORPRINT	GRACE	BEA	ATRICE		McKEE	DECEMBER	22, 19	981	2:25
3 51	X	4. F	RACE		5. DATE O		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAY	
	FEMALE		CAUC		JULY	24, 1915 YEAR	66	YRS		5 HOURS M
	IRTHPLACE (STATE OF	COLUMN TO THE REAL PROPERTY.	CITIZEN OF WHA	T COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CI	Y OR COUN	TY OF DEATH	
_	S. CAROLIN	No.	USA	01773	WIDOWE		MONTGOME	RY COUN	YTY	
	BETHESDA	/	(IF NOT IN SUCH FACE	LITY, GIVE STREET A	(DDRESS)	AL CENTER	12 Manage (TYPE OF WORK FOR M Dining I	OST OF WORKING		of BUSINESS tel
	AL RESIDENCE LIF NUI		ER INSTITUTION GIVE R		ADMISSION)	113d INSIDECITY LIMITS?	13e STREET ADDRI	(500	N. 29	th STRE
	IRGINIA	ARLING	100.	ARLINGT		YES X NO T	ARLINGT	.00		22213
4. F	ATHER'S NAME				12.00	15 MOTHER'S MAIDEN NAM	ME		XO III II	
	TOHN	THO		WOOD		NECY	MIDD	LE		LETON
60	WAS DECEASED EVE			SOCIAL SECUE	RITY NO.	17 INFORMANT	2101 A	DRESTTTT	INOIS S'	
No	YES, NO OR UNKNOWN)	(IF YES, GIVE W		51-09-3	525	HELEN LA MANN				
=	18 CAUSE OF DEA	-								OXIMATE INTERVAL N ONSET AND DEA
	Conditions, if on gove rise to im couse to, statunderlying couse	nmediote ing the	DUE TO, OR AS							
ATION	gove rise to in couse (o, stot underlying cous	nmediote ring the se lost.	DUE TO, OR AS	A CONSEQUE	NCE OF	NOT RELATED TO THE TERM				
TIFICATION	gove rise to in couse (o), stot underlying cous	nmediote ring the se lost.	DUE TO, OR AS	A CONSEQUE	NCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR C	20b. IF Y	GIVEN IN PART VES, WERE FIND TIFYING CAUSE YES 131	INGS USED
CAL CERTIFICATION	gove rise to in couse (o, stot underlying cous	mediate ing the ing the ise lost. GNIFICANT CON ATION NDERLYING CAUSE OF DEATH	DUE TO, OR AS	A CONSEQUE BUTING TO D FOR WHICH (NCE OF EATH BUT OPERATION		200 AUTOPSY?	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES [X]	DINGS USED ES OF DEATH? NO
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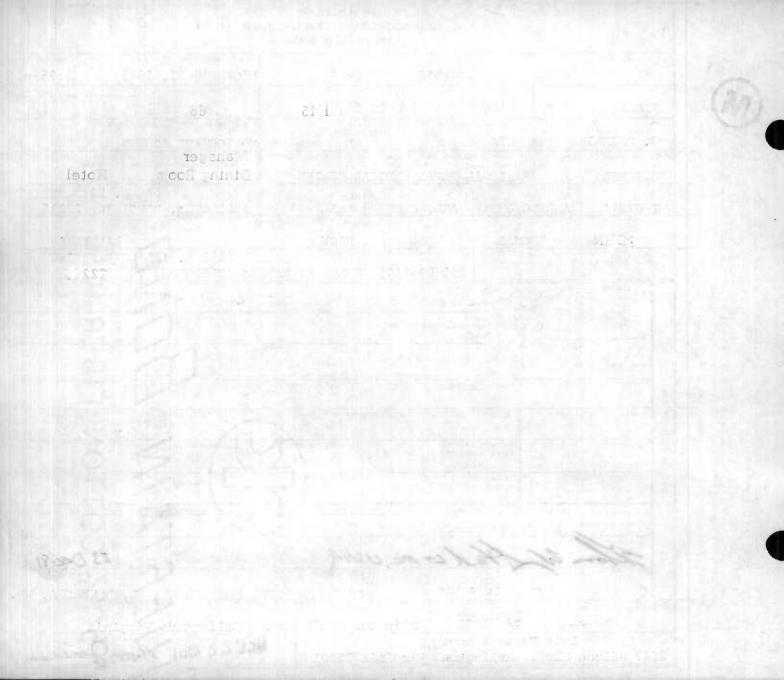
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

M FUNERAL DIRECTOR Ives Funeral Home ADDRESS 2847 Wilson Blvd., Arlington, Virginia 22201

REGISTRAR 256. REG



injury, or other traumatic event, the medical examiner must be noti

MPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND

CEPTIFICATE OF DEATH

2 3

	REGISTRAR				CERTII	ICATE OF DEATH	REG. N	0.		
T	DECEASED NAME	FIRST	,	MIDDLE		LAST	~	MONTH	DAY YEAR	26. HOUR
н	(TYPE OR PRINT)	ELIZA	BETH A'	THALIA	MCI	ANE	DECEMBER 3	3. 19	81	5:32a M
3	. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	F UNDER 24 HRS
	FEMALE		CAUCA	SIAN	APRII		59	YRS.	MONTHS DATS	HOURS MIN.
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7	NEW YORK		USA		WIDOWI		MONTGOMERY	COU	NTY	MD
-	O CITY OR TOWN OF	DEATH		HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND (OF BUSINESS OR
1	BETHESDA		NATIONA	L NAVAL	MEDICA	AL CENTER	Contract Speci	alie	U.S.	Navy
5	JSUAL RESIDENCE (IF P 130. STATE MARYLAND	13b COUN	OTHER INSTITUTION OF THE COMERY	136. CITY OR TO KENSII	NWC	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 5004 AUROR		IVE, KE	NS INGTON
0	4. FATHER'S NAME FIRST EZRA		WIDDLE	CARTI	ER	NOTHER'S MAIDEN NA KATHRYN	ME MIDDLE	SI	MD ULLIVAN	20795
10	(YES, NO OR UNKNOWN	ER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO	17 INFORMANT	5004 AUF	SS ORA 1	DRIVE	
	YES		1943-45	203-03-	-4357	JOSEPH MCLAN	WE: KENSING			795
	gove rise to couse (o), st underlying co	ating the use last.	(c)	R AS A CONSEC		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITIONG	IVEN IN PART 1	las
	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YI	ES, WERE FINDI	INGS USED
2	E E						YES TI NOTY		IFYING CAUSES	S OF DEATH?
1	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR				A
	21d. INJURY OCC	WHILE WORK	21e. PLACE (OF INJURY EET, FACTORY, OFFIC	CE, FARM, ETC)	711. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220. I certify that saw the dec above, (1) (we	eased olive on	tal) attended the	19	81, ai	MEMBER 19 81 nd that in (my) (our) opinion DEGREE	, to3DECEME death accurred on the d			that (1) (we) last causes stated
	224 PHYSICIANS	SMil		TMC		M D ATTENDING PHYSICIAN	MEDICAL STA		,	3,1981
1	TOTAL PROPERTY AND	LLER, I		USNR		NATIONAL NAV	AL MEDICAL	CENT	ER	
2	30 BURIAL, CREMATIC	N, REMOVAL	23b. DATE D			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	n 10	COUNTY	STATE

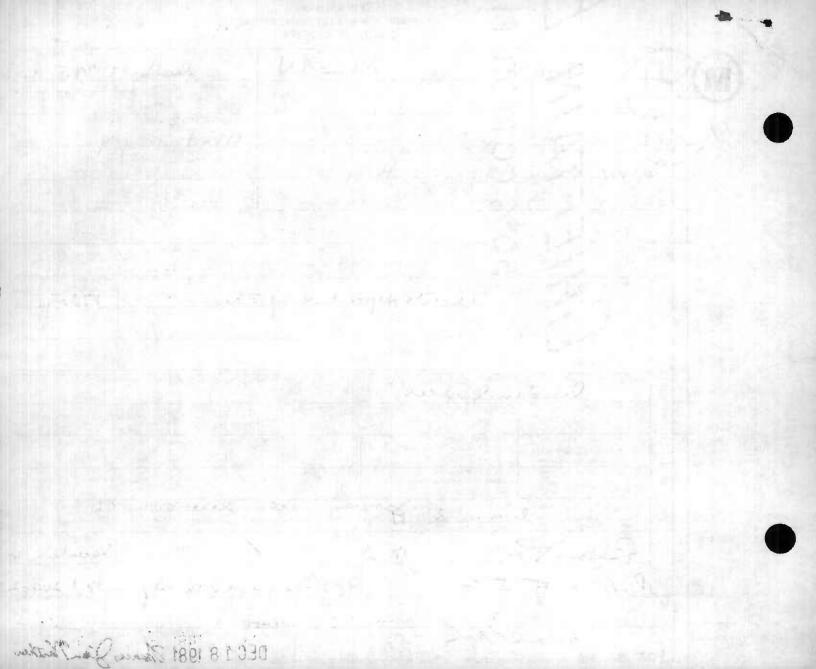
DHMH-16 50M 1/B1 (VRA 15, 4)

Homes, P.A. Bethesda, Maryland

250. DATE REC D. BY REGISTRAR 256 POISTRAR'S SIGNATURE DEC 4 1981 Same On M

1001, 0.30C I that St. Journal Car. Scranton, Larmantvanton

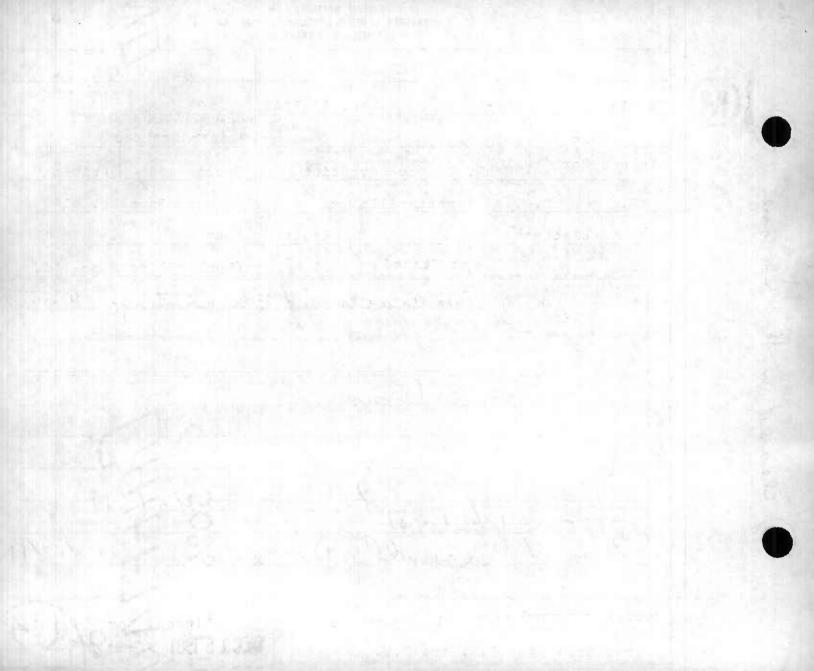
STATE OF MARYLAND



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1	11-	FOR STATE			DEPARTMENT O				Car B	3 6	2 / 6	3
	L	REGISTRAR			DICAL EXAMI	NER'S	CERTIFICATE	OF DEAT	TH REC	6. NO.		
		CEASED NAME	FIRST	ucile	MIDDLE C.		McLea	20	DATE KNOW	N MONTH	DAY YEAR	2b. HOUR
			Luc	1/2	C	M	clean		OF ESTI-	0 12	5 198/	925m
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF U		ER 24 HRS. 2		MONTH	DAY YEAR	2d HOUR
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J	7a. B	IRTHPLACE (ST)		76. CITIZEN OF W		8. MAPP	IED NEVER MAI	POIED 7	BALTIMORE CI	TY OR COUN		
4	4	Virgini	.a	U.S.	Α.		VED XX DIVO		\sim	anti	יו ארו מני	/ 40
-	10 C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	12a. USUA	AL OCCUPATION	(TYPE OF WORK	12b KIND OF BY OR INDUST	SINESS
Č,		Rick	wille	5/20	LI -FA L	Adas	+115+ ·	FORMO	ealtor)	Real Es	tate
			IF IN NURSING HOME C	OR OTHER INSTITUTION, G	IV RESIDENCE BEFORE ADMI		1				21002	04.00
<	130. 3	Md.	Mont	gomery	Chevy Cha	ise	13d. INSIDE CITY LIMITS	392	d Address Oliver	St.		
-	14. F.	ATHER'S NAME					15. MOTHER'S MA					
51	1	C.		MIDDLE	Collins		Elizab		MIDDLE		Sutton	
_	16a. \	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDE	RESS Mach	n., D.C.	
	0	res, no, or unknov	(IF YES, GIVE	WAR OR DATES)	265-42-82	69 A	Betsy P.	Faugl	4,000		ral Ave	NT W
	-		DEATH /Enter on	ly one couse per line	for (o), (b), and (c).)		Deory P.	rawel.	1000	cathedi	APPROXIMATI	INTERVAL
		PARTIDEA	ATH WAS CAUSE	D BY:	conchia	1 1	neemin	13 -			BETWEEN ONSE	AND DEATH
××		440	9 IMMEDIA	IL CHOSE (O)	AS A CONSEQUENC		160171011				-	
AL, CREMATION, OR REMOVAL.			s, if ony, which	1 ./			nesta	-1 4.	- C.1	17.1		
28 R	-		e to immediate stating the under-	DUE TO OR	AS A CONSEQUENC		017 570	1/2/1	11:00	Their	नुष्ठा .	
		lying caus	e lost.	6	AS A CONSCOURT		rterios	e lan	3/5.			
		PART 2 DINER SIG	NIFICANT CONDITIONS	CONTRIRIITING TO DEATH	BUT NOT RELATED TO THE TE				3 3 - 2			
	Z			CONTRIBUTION TO BERTIN	SOUTH RECEIVED TO THE TE	RMINAL DISEAS	E OK CONDITION GIVEN IN	TAKI 1 104.				
-	1 8	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTOPSY	-
7	문			9.10.								~ 4
	CERTIFICATION	21a. EXTERNAL	L CAUSE WAS	21b. TIME O		21c. H	OW INJURY OCCUR	RED LENTERNA	TURE OF INJURY IN ITE	M IB PART I OR PA	YES ART 2)	NO X
3		UNDERLYING	OR	HOUR A.M	M. MONTH DAY YE	AR		(
23	MEDICAL	21d. INJURY O	G CAUSE OF E	21e PLACE		21f. LO	CATION					
	ME	WHILE	NOT WHILE		TORY, FARM, ETC.]		STREET		CITY OR TOWN	co	YTAU	STATE
		AT WORK	AT WORK									
		22a 1 certify	y that I took charg	e of the remains de	scribed obove, held on	Autop	sy . Inspect	tion 📈 ,	Inquiry 🛣,	ond in my op	pinion	
)		death resulte	d from: Notur	ol couses	Accident,	Suicide	, Homicide	Undeter	mined monner],		
BALTIMORE, MARYLAND, 2		ACTUAL	00		1 11		TITLE (SPECIFY)				0	
-	1	ACTUAL SIGNATURE_	John	13134	u	N	D. Deput	MEDIC	AL EXAMINER	DATE	DDec 5.1	98/
S.	-	EXAMINED'S N	JAME T.	a D ==			/					
2		EXAMINER'S N (TYPE OR PRIN	Joh	n G. Ball	, M.D.		ADDRESS 79			own Rd.	Beth.	Md.
į	23a.B	URIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. NAME OF C			23d. LOC	ATION	cou	NTY ST	ATE
		Burial		12/9/1981		on Na	tional Cer	m. A	tlington	Virgi	inia	
	24. F	UNERAL DIRECT	OR Josep	h Gawler	s Sons Inc	• 0	250. DAT	E REC'D. BY R	EGISTRAR 25	EGISTRAR'S	SIGNATURE	
	·	5	130 Wisc	. Ave., N	.W. Wash.,	D	n	0 0	1981	anu J	anlarth	
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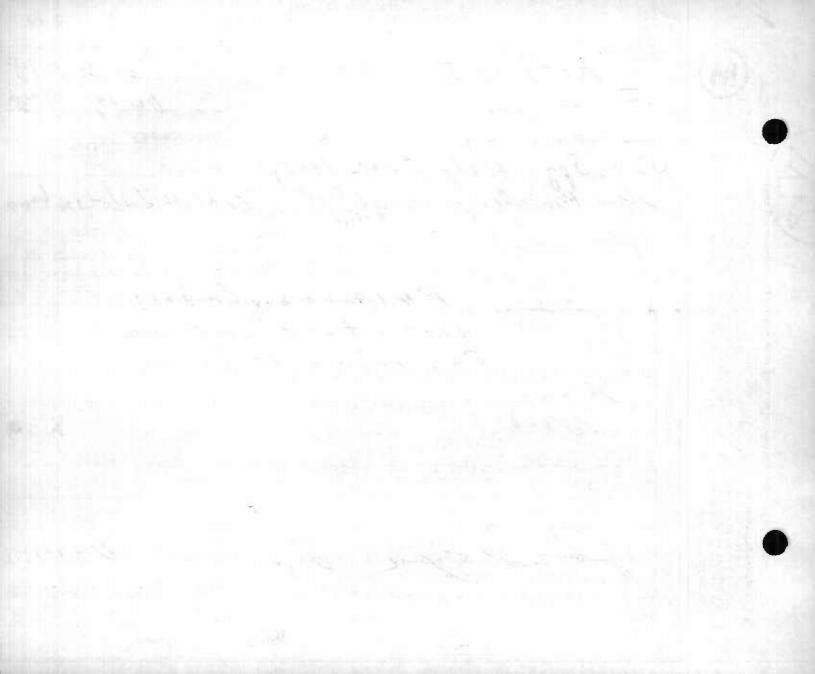
2	FOR STATE REGISTRAR			DEPARTA	NENT OF HEALT	MARYLAND H AND MENTAL H' TE OF DEATH		3 g. no.	2/6) 4
o m.t	1. DECEASED NAME {TYPE OR PRINT}	Shar	on Ka	y W	Lear		2e. DATE OF DEAT		1981 a	HOUR 2 33 2 PM
R(MAI)	3. SEX Female		Black		5. DATE OF BIR MONTH Dec.	DAY YEAR	6. AGE (IN YEARS LA	M	FUNDER 1 YEAR IF UN	NDEW 24 HRS
	70. BIRTHPLACE (STA		76 CITIZEN OF WH	AT COUNTRY?	0	NEVER MARRIED	9 BALTIMORE CI	YRS. TY <u>OR</u> COUNTY George	A/1 -	+-
os ofter any the fundamental and with	Takoma	FDEATH	11. NAME OF HOS	CILITY CHYE STREET	G HOME OR OT	HER INSTITUTION	12a USUAL OCCU	PATION OST OF WORKING LIFE	12b. KIND OF BUS	
MARYLAND 2120' ed within 24 hours ed within 24 hours ond 2 should be file examiner myst be no	NOUAL RESIDENCE (1) 130. STATE MD.	FNUR ME OR OUN	OTHER INSTITUTION, GIVINTY	E RESIDENCE BEFORE	ADMISSION)	INSIDE CITY LIMITS?	13e. STREET ADDR	ESS	Dr. #10	
MARYLA MARYLA red within ond 2 sh	14. FATHER'S NAME	Blackma	MIDDLE	LAST		AOTHER'S MAIDEN N			LAST	
mand con Poges 1	160 WAS DECEASED (YES, NO OR UNKNOW NO		MED FORCES? 168	t Stat		aul M ^C Le		nd) sam	ne as 13	3d.
DS, 201 W. PRESTON ST., BA Auries that the death certificate signed by the attending physic han please remove carbon pape a burial, cremation, or remaval jury, or ather traumatic event, the signey of the signey of the signey and signey are signey.	Canditions, if gave rise to couse (o), underlying	ony, which immediate stating the couse lost.	DUE TO, OR A	S A CONSEQUE	NCE OF	RELATED TO THE TER	MINAL DISEASE OR C	CONDITION GIVE	APPROXIMATE IN BETWEEN ONSET.	AND DEATH
AL RECORE The law require. In has been require to permit. The time prior it times prior it tim	CERTIFICATION ACCIDENT W.	PERATION	196 CONDUIC	N FOR WHICH	OPERATION WA	S PERFORMED	20a AUTOPSY?		WERE FINDINGS LING CAUSES OF D	
DIVISION OF VITAL RECORDS Cloud of the control of	OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OC	AS UNDERLYING COME CAUSE OF DEALY MEDICAL EXAMINER CURRED OT WHILE COME CAIL WORK	HOUR A.M. P.M. 21e PLACE OF	MONTH DA	19 21f.	HOW INJURY OCCU	RRED (ENTER NATURE OF	IN)URY IN ITEM 18 PAI	COUNTY	STATE
OR ATTENIHe hospital he hospital DIRECTOR: DIRECTOR: sached for us 5 Dept. of Hem 21 is.	sov the de okove (1) (1) 22b. Sign A for	rental alive no	tal) attended tile di	1 10	20 DEGR			STAFF		
TO FUNERAL Should be defined by 1 TO FUNERAL Should be defined by 1 IMPORTANT:	230 BURIAL, CREMAT					ery or crematory	CITY OR TOW	/N	county	STATE Olina
DHMH-16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTO		389 R.I.	ADDRESS		25g D		RAR 756. RECEITE	AR S GHATURY	



STATE OF MARYLAND

TO A STATE OF THE REAL PROPERTY OF THE PARTY The trade of the Justice of the Control of the Cont Car 100 and but I must be the most taken as I have the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER 1 YR. SEX AGE (IN YEARS IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD July 25,08 73 YRS 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FORFIGN COUNTRY WIDOWED 4 USA DIVORCED Montgomery Washington D.C 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Housewife 2, AND 3 TO 3. RETAIN PA SHOULD BE F JSUAL RESIDENCE SIDENCE BEFORE ADMISSION ME OR OTHER INSTITUTION GIVE 3a. STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? DIVISION OF VITAL 14 FATHER'S NAME MOTHER'S MAIDEN NAME VE PACHE FIRST MIDDLE LAST FIRST MIDDLE Shiver Norris Katie Edward 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT Grandson 166 SOCIAL SECURITY NO. ADDRESS Shannan Dr PAGES LYES, NO OR UNKNOWN 8603 (IF YES, GIVE WAR OR DATES) Thompson No nton, Md CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE ONSEQUENCE OF A BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate couse (a) stating the under-DIVISION OF VITAL RECORDS, 201 W. lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION HCATE, WANTER
FORWARDED TO THE COST AS TO SEE PAGE 3 SHOULD BE USED AS TOTAL STATE DEPARTMENT OF HEA 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (ATHOME, 21f. LOCATION 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an death resulted fram: Hatural causes Homicide Accident Undetermined manner TITLE (SPECIFY) R DEATH, ACTUAL John S. EXAMINER'S NAME AFTER I Seminary Rd. Sil.Spg., Md TYPE OR PRINT 0 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 2Jan1982 Cedar Hill Cemetery Suitland PG Md 24. FUNERAL DIRECTOR ADDRESS Suitland, Md. XXXEGISTRAR'S SIGNATURE **DHMH-17** Robert E. Wilhelm Funeral Home (VR A15 ME (5)) 15M 2/80



Chambers Co 8655 6A. AVE. S.S. Md. 20901

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

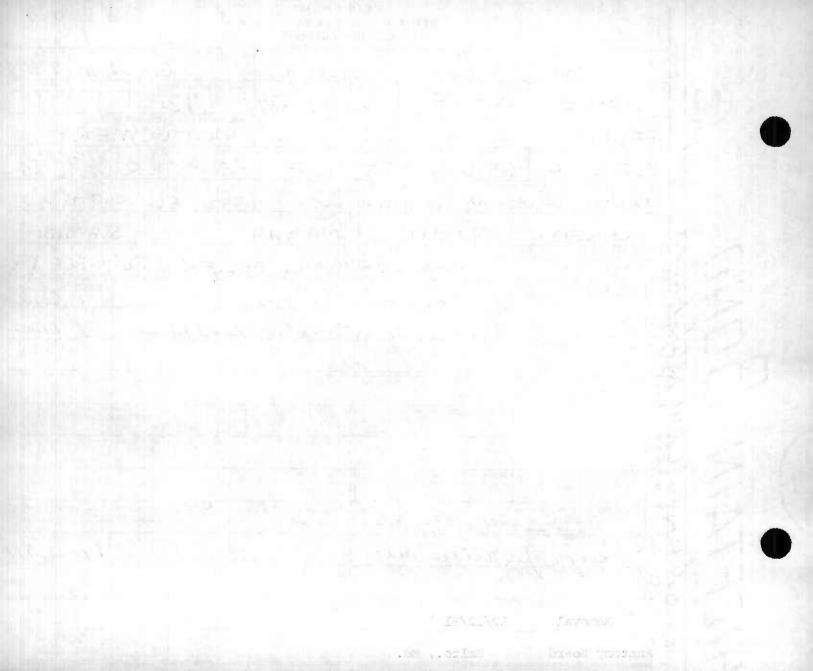
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		FOR			SI DEPARTMENT O		MARYLAND H AND MENTA	AL HYGIEN	à I	3 2	16	3
- 15		STATE REGISTRAR			DICAL EXAM			,	TH	G. NO.		
0		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE KNOW	N IN MONTH	DAY YEAR	76 71003
Maria	1 "	E OR PRINT)	EN	MORY	Н	1	ILLER		OF ESTI-	□12	27 191 9 8	1 PM
(2) (2) (3)	3. SEX		4. RACE	S. DATE OF BIRTH	19176. AGE (III KANKA KE	YEARS IF U	NDER 1 YR. IF UN		2c. DATE PRONOUNCED	MONTH	20AT YEAR	2d HUUR
19250		ale	White	May 07		Y684	DATS HOUR	- "	DEAD L	ecembe		1:35
C SESSE	7 70. BI	RTHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARR	HED X NEVER M	ARRIED -	9. BALTIMORE C	_	OF DEATH	
	100	TRGINT	4	U.S.	Α.			ORCED		gomery		MD
D. 21201 2. IF ANY DELAY IS NE. 2. AND 3 TO THE FU. 2. SHOULD BE FILED, VA. RECORDS, 201 W.	Si.	ever s	pring	Holy		spita		FOR	IAL OCCUPATION NOST OF WORKING LIFE RT MEADE	TYPE OF WORK	GOVERNM	ENT
21201 AND 3. RETAIN HOULD RECORD	13a. S	TATE	113b COUN	1TY	136. CITY OR TOWN	N	13d INSIDE CITY LIMIT	13e. STRI	T Buron	. Stree.	t.	
	N. F	THER'S NAME		MIDDLE	LAST		15. MOTHER'S M	AIDEN NAME	MIDDLE			
NORE, MY R DEATH. R PM P	+	EMO	RY	H.	MILLER		MA	TILDA	Milott	VA	UGHÄN	
BALTIMORE, SAFIER DEA GIVE PAGES I'TH FORM PI PAGES FANI IVISION OF V	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT			RESS		
JRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION		NO			578-01-	1723	MYRTL	E H. M	ILLER	SAME AS	13 W	IFE
: 505		18 CAUSE O	F DEATH (Enter on ATH WAS CAUSE	nly one couse per line	for (o), (b), and (c).)	1	1.		, -	1 12.	APPROXIMATE BETWEEN ONSET	
PRESTON ST., ITHIN 24 HOUS CIL IN ITEM 18. WER ALONG WANSIT PERMIT. AL HYGIENE, DREMOVAL.		113		TE CAUSE (o)	Acu	ta	my	1003	NAIS	UIS		
IN I		72	ns, it ony, which		AS A CONSEQUENC	CE OF					1721	
VITH VCIL NER RAN TAL	-	gave ris	e to immediate	(b)								
S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RTING THE WOOD "PENDING" IN PENCIL IN ITEM IN PEDED TO THE CHIEF MEDICAL EXAMINER ALONG AS 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT E DEFRARMENT OF HEALTH AND MENTAL HYGIENE, TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying cou	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSEQUENC	CE OF						
RECORDS, D BE EXECT PENDING" ARDICAL PARTICAL CREMATIC	130	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE F	ERMINAL DISEAS	SE OR CONDITION GIVEN	IN PART 1 (a)				
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DIVISION OF VITAL REG TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD RECECUTE THE CERTIFICATE, WRITING THE WORD "PEN- PAGE 4 SHOULD BE FORWARDED TO THE CHIEF WA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEAL BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, G	MED	WHILE AT WORK	NOT WHILE [TORY, FARM, ETC.)		STREET		CITY OR TOWN	COUN	ΤΥ	STATE
ATE, ATE, ORW		220 certif	fy that I took charg	ge of the remains de	scribed abave, held or	n Autop	osy . Inspe	ection Do	Inquiry ,	ond in my opin	ion	
LA PETER PARA		death resulte	ed from: Natu	ral causes	Accident	Suicide	, Homicide]. Undete	ermined monner	<u> </u>		
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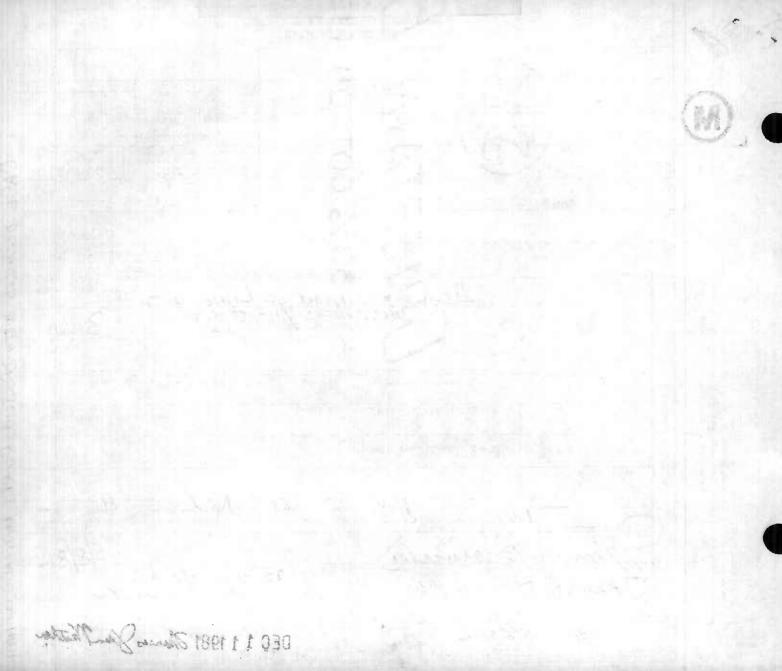
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-	STATE OF MARYLAND		, ,
Ż	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN		/ / U
	10	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH REG. NO.	
		CEASED NAME FIRST MIDDLE LAST	BE DATE KNOWN DE MONTH DA	Y YEAR 26 HOUR
W SIGNE	(1A)	MARCO TULIO MONGE	OF ESTI- DEATH MATED 12- 3	3 1087 1245
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SIS	3. 367	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS GOURS AND	2c. DATE MONTH DA	Zd. HOUR
072 ON 012	1	11HLE CAUC. 4-7-41 34YRS.	DEAD Wee 3	19 17 8M
R R AL	70. B	RTHPLACE (STATE OR PEGN COUNTRY) 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
SANCE A	1	L SALVADAR EL SALVADOR WIDOWED DIVORCED	Mantas	n e /1/
N. W. W.	10. C	- 300		KIND OF BUSINESS
L SEGES 71			OST OF WORKING LIFE]	OR INDUSTRY
IF ANY DELAY IS NECESSARY, PLEASE 7, AND 3 TO THE FUNERAL DIRECTOR. 8. RETAIN PAGE 5 FOR YOUR FILES. 8.HOULD BE FILED, WITHIN 72 HOURS 14. RECORDS, 201 W. PRESTON STREET	1	20 Jan West Norp		
C CRIST	13a. S	IL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 13b. COUNTY 13c. CITY OR JOWNY 13d. TINSIDE (ITY LIMITS? 13c. STRE	ET ADDRESS	
21201 AND AND SECOND		Mad Mont UILVAF YES NO 110		And 15
MD. MD. M. 3. M. 3	14. F/	THER'S NAME IS. MOTHER'S MAIDEN NAME	10000	7
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AFTER IVE PA H FOR AGES I ISION	100. V	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. NO, ORUNKNOWN) (IF YES, GIVE WAR OR DATES)	ADDRESS	A DEC
		NI 215-66-5526 MARIA E MO	NGE 110 SCHUYLA	K Ka J. J
HOURS M 18. G MG WII RMIT. P R. DIN.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)		APPROXIMATE INTERVAL
M HOU NE.		PARTIDEATH WAS CAUSED BY:	68	TWEEN ONSET AND DEATH
PRESTON TITHIN 24 H CIL IN ITEM AVER ALON AVER ALON ALON AVER ALON AVER ALON AVER REMOVAL		MMEDIATE CAUSE (o)		1-orys
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SAP SAP	-	gave rise to immediate / (b)		
PENG AMIN OR		couse (a) stating the <u>under-lying</u> couse last. DUE TO, OR AS A CONSEQUENCE OF		
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ON STATE	3	CONTRIBUTING CAUSE OF DEATH PAR /2/ 10 8/ Drank 2000 NO	onulAlahul + J.	ezn Natiu
AS SEP	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	P	ENRumes
DIVISIO THIS CERTIF ; WRITING 1 WARDED TO WARDED TO WARDED SANG MATERIA 21201 PRIO	Σ	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.)	CITAGRIOWN	- AD STATE
DIVISION OF VITAL RE RE THIS CERTIFICATE SHOULD VIE, WRITING THE WORD "PEI RWARDED TO THE CHIEF W RE PAGE 3 SHOULD BE USED A RE PAGE 3 SHOULD BE USED A RE STATE DEPARTMENT OF HEAD DE 21201 PRIOR TO BURIAL, C		AT WORK AT WORK	2-10 pg. 1016h	D July
EXAMINER: CERTIFICATE DIRECTOR: WITH THE S		220. I certify that I took charge of the remains described above, held on Autopsy . Inspection 🔀 ,	Inquiry, and in my opinion	
EXAMINEI CERTIFICA ULD BE FC DIRECTOR WARYLANI		death resulted fram: Natural couses 💢 Accident 🔲, Suicide 🔲, Hamicide 🔲 Undete	rmined manner .	
ARITER ARITE		TITLE (SPECIFY)		
H.V.		ACTUAL DO	DATE /	- 3/901
ZESES -	1	M.D. MEDI	CAL EXAMINER SIGN	1, 111
AEDI CCUTE 3E 4 3 FUNE FINO	1500	EXAMPLE S NAME		
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		TYPE OR PRINT)ADDRESS		
1 2 FORFAR	23o. B	JRIAL, CREMATION, REMOVAL 23b. DATE PECHANICAL PROPERTY OF CREMATORY DILLO	CATION COUNTY	LA MATE
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	24 F	MERAL DIRECTOR BY	REGISTRAR TO BEGIS RANS SIGN	William .
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN DO MONTH 2a. DATE 7b. HOUR (TYPE OR PRINT) EST1 4419 JAMES DEATH MATED Dec MORGAN 4. RACE DATE OF BIRTH A. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 25 male white DEAD Dec 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED XX NEVER MARRIED Canada USA Montgomery WIDOWED -DIVORCED 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17n USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS S GOVE FOR MOST OF WORKING LIFE) Sil Spr. , Md. Carpenter Ly Cross Hosp. USUAL RESIDENCE (IF IN NURSING HOME OF 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Janie Fred Morgan 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 009 18 8882 Katherine L. Morgan same as above no CAUSE OF DEATH (Enter only one cause per line for (a), (a), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL-TRANSIT PERMITHEALTH AND MENTAL HYGIENE AL CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 20 AUTOPSY? MENT OF TO BURIA YES UID BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) 21201 CITY OR TOWN COUNTY STATE NOT WHILF AT WORK STATE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram: Hamicide DAY 200 16 19 41 SIGNATURE John S. Rogers 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Dec. 18.1981 Parklawn Memorial Park Rockvilles Maryland 24. FUNERAL DIRECTOR Donaldson Funeratis Home, Laurel, Md **DHMH-17** (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCHENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	13.4
TO DECEASED NAME FIRST (TYPE OR PRINT) Agnes	M.	Morisi.	20. DATE OF DEATH MONTH Dec. 20	1981 11:00 A
Female	4 RACE White	S DATE OF BIRTH MONTH DAY Sept. 21 1899	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington D.C.	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	36 1	TY OF DEATH MD.
Chevy Chase	Bethesda Reti	irement 'Nursing Ce	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Administration	126. KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COI	UNTY 13c. CITY O	e Before admission) R TOWN 134 INSIDE CITY LIMITS' NG TO TO TO THE TOTAL TO THE TOTAL	? 130. STREET ADDRESS 1901 Wyoming A	lve N.W.
14 FATHER'S NAME FIRST Giovanni	Morisi		MODIE	Solari
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	LSECURITY NO 17. INFORMANT Michael Ga	tti, 3070 Foxhall	Rd. N.W. Wash.
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	Weather	RMIN AL DISEASE OR CONDITION C	GIVEN IN PART 1(a)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this has sow the deceased alive of	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, of (at) attended/the decosed (b) view the body after death.	PEGREE ATTENDING PHYSICIAN 19 211 LOCATION STREET 19 ATTENDING PHYSICIAN 220. ADDRESS		county state 19 , that (1) (-e) last our and from the causes stated 22c. DATE SIGNED Dec. 20, 1982
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	12/22/1981	236 NAME OF CEMETERY OR CREMATOR Sty Mary's Cemeter		D.Cunty STATE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detoched for use with the State Dept. of Hed

IMPORTANT: If Item 21 is morked or Item 18

Burial 12/22/1981 Sty Mary

14 FUNERAL DIRECTOR JOSEPH Gawler's Sons I Co.

NAME 5130 Wisc. Ave., N.W. Wash., D.C.

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STATE OF MARYLAND

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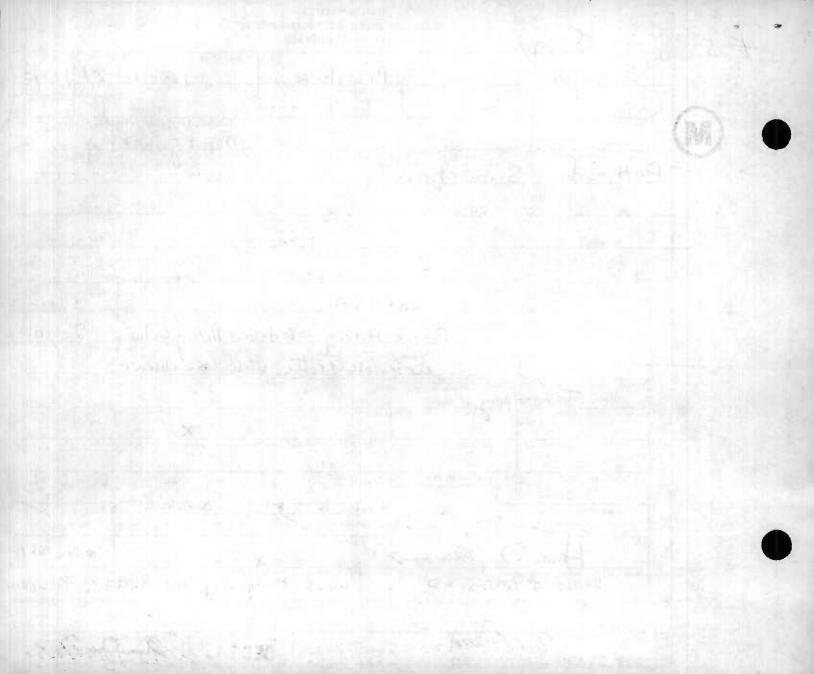
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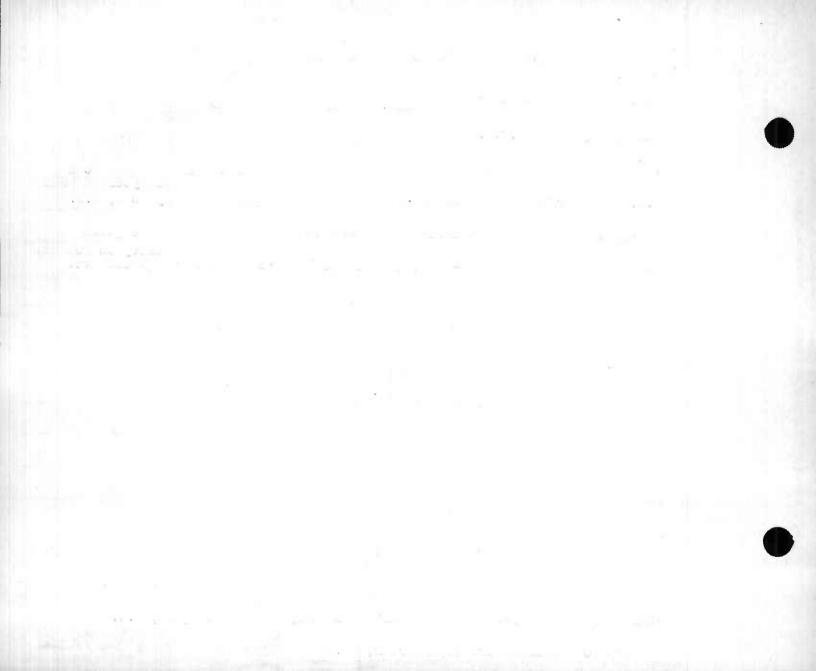
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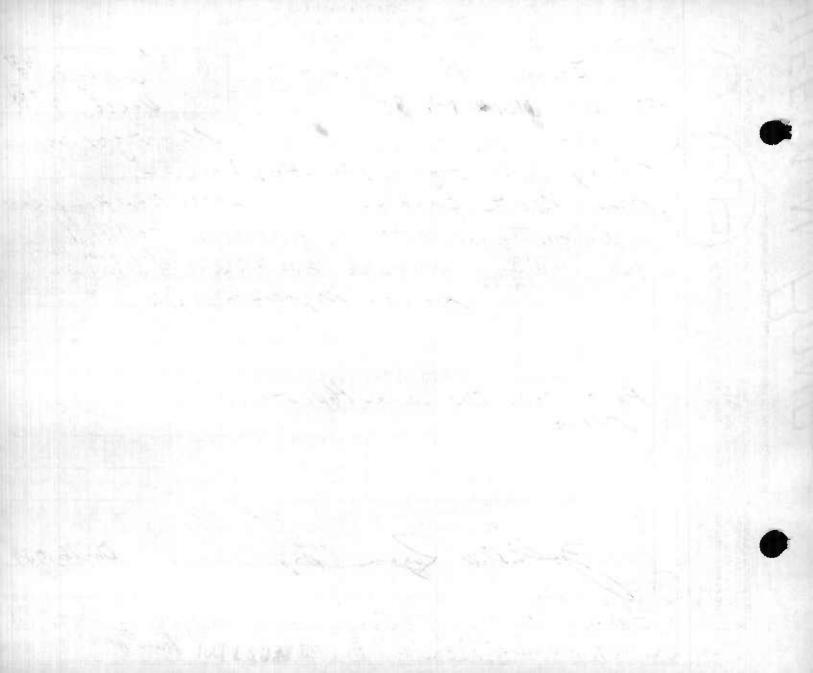


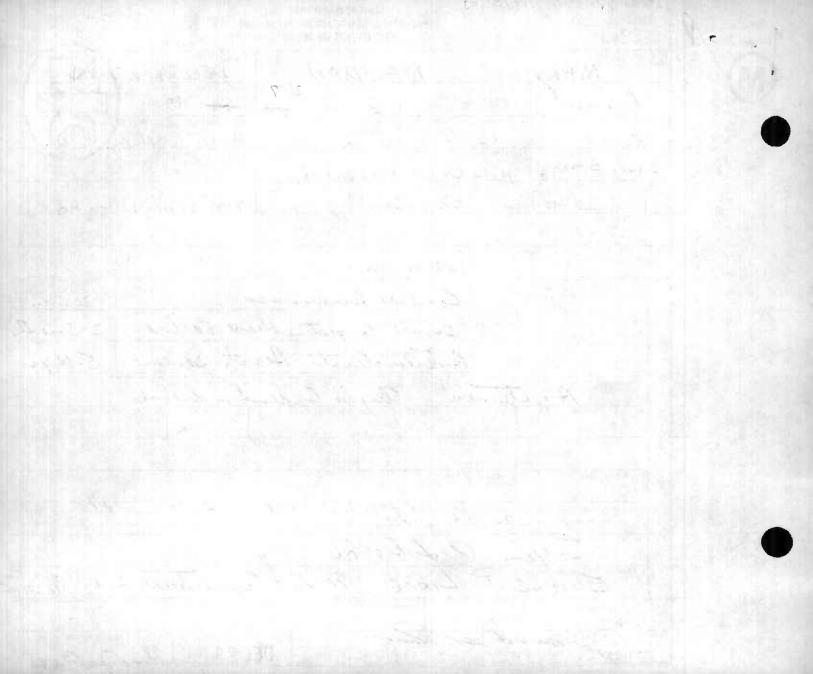
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au la	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S			WIDDLE		1.05	
20		Alexander		Kenne	dy	Ann	abelle	3			McBai	
		VAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADDRES	67450	Hanin	gton Lo
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17	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTO	PSY?	20b. IF YES, VIN CERTIFYII	WERE FINDIN	OF DEATH?
X	RTIE					I a succession		YES 🗌	NO 🌋	YES		NO 🗌
4		210 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE		FINJURY M. MONTH DA	AY YEAR	ZIC HOW IN	JURY OCCU	RRED (ENTERNAT	URE OF INJURY	IN ITEM 18 PAR	T 1 OR PART ?)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EX			19	211 10001710	201					
	MEL	WHILE AT WORK AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE F	ARM, ETC)	211. LOCATIO	-1		CITY OR TOW	N	COUNTY	STATE
S S	77	22a.1 certify that (I) (this	/ >	e deceased fram_		3/5/	, 19_7	5 , to	12/	8/ 19	81	that (I) (we) lo
		sow the deceased of above, (I) (we) (did) (ive on/ 2	ofter death.	2 7, on	d that in (my)	(our) opinior	deoth occurred	on the dot	e and hour o	nd from the	couses stated
		22b. SIGNATURE	100	1		DEGREE					22c DATE	SIGNED
		- ann	hen has	men	20		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICI	AN .	12	/9/81
			NAME OF TAXABLE PARTY.			22e ADDRES	S					
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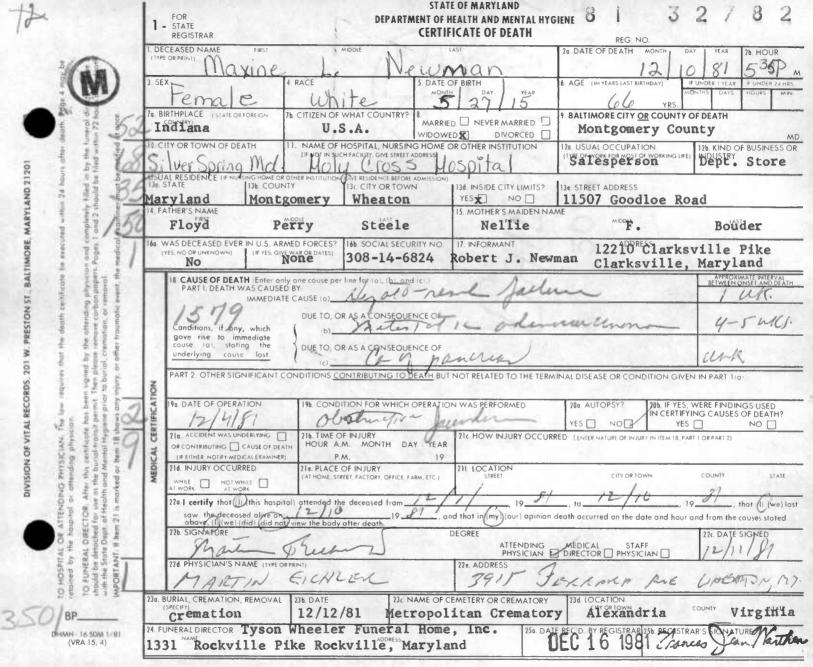
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62		1-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	/ 8 0
	I IS NECESSARY, PLEASE HE FUNERAL DIFFERENCE SE S FOR YOU'DE LED, WITHIN 72 HOU'DE TO WE PRESTON THE	3. SE	MONTH DAY YEAR LAST BRITHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD JETHPLACE (STATE OR DEED OF WHAT COUNTRY): 1. CITIZEN OF WHAT COUNTRY: 1. MARRIED T NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 1. MARRIED TO NEVER MARRIED 1. NEVER MARRIED	DAY YEAR 75 HOUSE LY OF DEATH MD.
E, MD. 21201	RS AFTER DEATH, IF ANY DELAY IS NE. 3. GIVE PAGES 1, 2, AND 3 TO THE FUN. WITH FORM PM. 3, RETAIN PAGE 5 F. I. PAGES TAND 2 SHOULD BE FILED, W. DIVISION OF WITH RECORDS, 201 W.;	USU/ 13a S	AL RESIDENCE INFINATION OF DEATH 11: NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AL RESIDENCE INFINATION OF OR OTHER INSTITUTION, GIVE RESIGNICE BEFORE ADMISSION) 136. COUNTY 136. COUNTY 137. LIVER'S NAME FIRST 15. MOTHER'S MAIDEN NAME FIRST 15. MOTHER'S MAIDEN NAME FIRST 16. LIVER'S MAIDEN 17. LIVER'S MAIDEN 18. MIDDLE 18. MIDDLE MIDDLE 18. MIDDLE MIDLE MI	126. KIND OF BUSINESS OR INDUSTRY
STON ST., BALTIMOR	N 24 HOURS AFTER DE NIN ITEM 18. GIVE PAGI ALONG WITH FORM SIT PERMIT. PAGES 174 ATGENE, DIVISION OF AOVAL.	16a. V	VAS DECEASED EVER IN U.S. ARMED FORCES? ES, NO, OR UNKNOWN) IF YES, GIVEN AR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: 12 G IMMEDIATE CAUSE (o) OUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	SHOULD BE EXECUTED WITHIN 24 HOU ORD "PENDING" IN PENCIL IN ITEM 18 HELFE MEDICAL EXAMINER ALONG V E USED AS A BURIAL - TRANSIT PERMIT T OF HEALTH AND MENTAL HYGIENE, URIAL, CREMATION, OR REMOVAL.	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Lying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
DIVISION OF VITA	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL CERTIF	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR CONTRIBUTING COURED WHILE AT WORK 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 19 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 19 216. EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 19 216. EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 19 216. EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 19 216. EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 19 216. EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRED LENTER NATURE OF BNJURY IN ITEM 18 PART 1 OR PAR 216. HOW INJURY OCCURRE	INTY STATE
•	MEDICAL EXAMINER ECUTE THE CERTIFICAT GE 4 SHOULD BE FO! FUNERAL DIRECTOR ITER DEATH, WITH THE LITIMORE, MARYLAND	-	27a Certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE ADDRESS ADD	30/6,19 Sy
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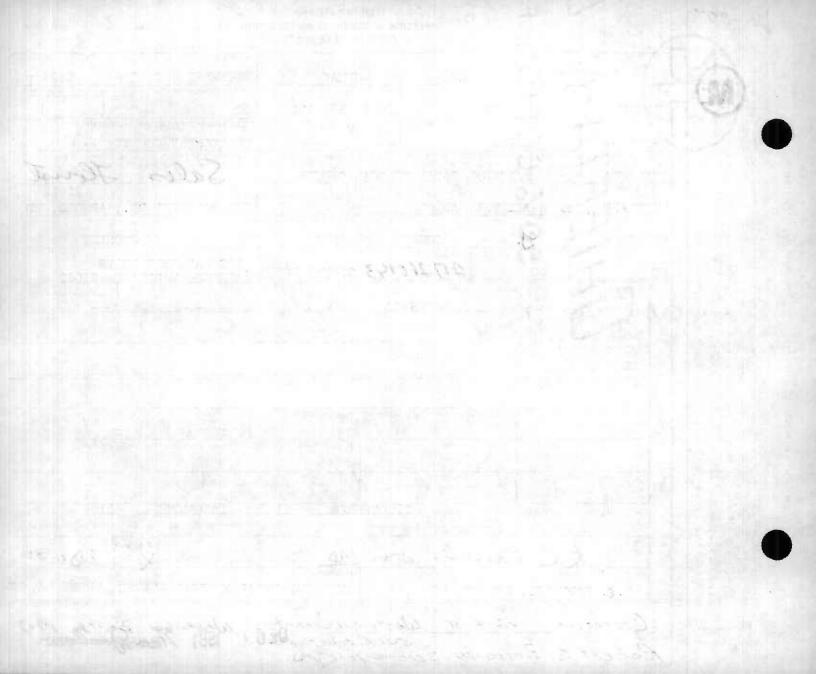
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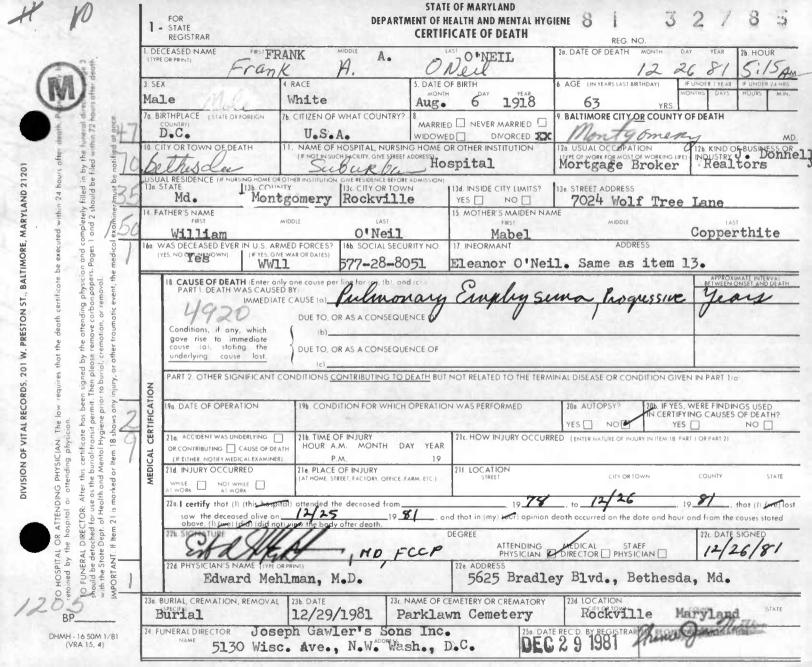
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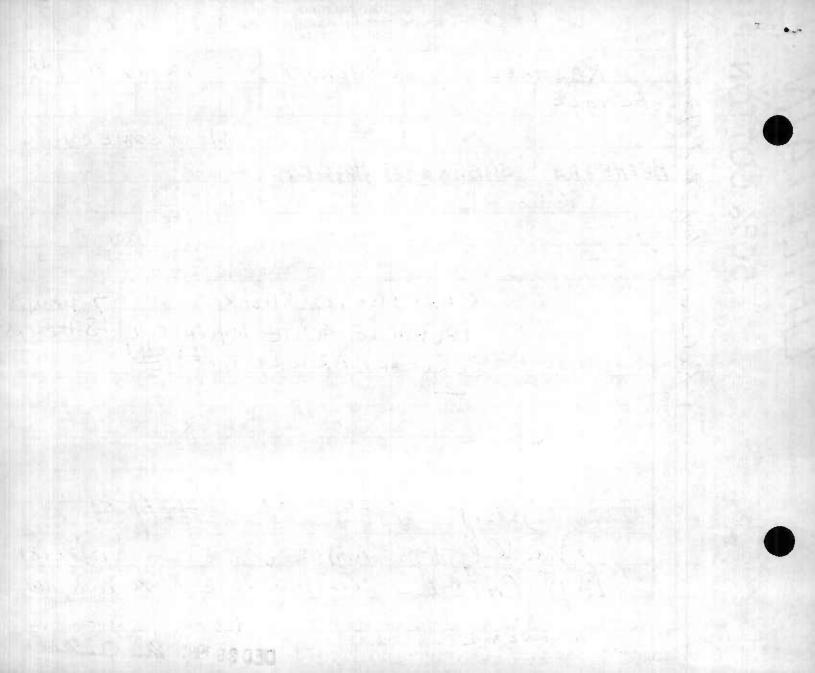


80	FOR - STATE		STATE OF MARYLAND NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 3	2/84
	REGISTRAR			REG, NO.	
m.e.	1. DECEASED NAME. FIRS	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY .YKAR 26 HOUR
à à		tin Vincent	O'Conor, Jr.	December 10,	1981 M
	3. SEX	4. RACE	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
% FIAN	Male	Caucasian	lug. 24, 1919	62 YRS	MONTHS DATS HOURS MIN.
å B	70. BIRTHPLACE (STATE OF FOREIGN	THE CITIZENLOS WILLAT COUNTRYS IN	MARRIED X NEVER MARRIED	A DAITINGDE CITY OF COUNT	
nero nero		C. United States	WIDOWED DIVORCED	Montgomery	County
offer d	10 CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL, NURSING (IENOI IN SUCH FACILITY, GIVE STREET ADD SUBURBAN HOSPIT	HOME OR OTHER INSTITUTION	Set blemen torking Officer	126 KIND OF BUSINESS OR INDUSTRY
our in b	USUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD	MISSION)		Real Estate
254 h		ntgomery Chevy Ch		13e. STREET ADDRESS	Park Ave. #06
TA Shirt Shirt	14 FATHER'S NAME	iregomery chevy chi	ase YES X NO 1		Park Ave. #00
With with with opinion	FIRST	MIDDLE	FIRST	MIDDLE	LAST
The com	Justin 160 WAS DECEASED EVER IN U.	Vincent O'Conor,	Sr. Marie	ADDRECC	Chapman
BAITMORE, MARYLAND 2120 ***CLANNING 24 hours sisten and completely filled in by spers. Pages 1 and 2 should be fill you. ***The medical examiner must be not the must be not th	(YES, NO OR UNKNOWN) (IF Y	S, GIVE WAR OR DATES)	YNO. WITS. Cath	erine H. O Co	nor, Wife.
My No 6d E	Yes	WII 578-18-3	3197 Same as i	tem #13	
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sign hen he be	Z	THE CONDITIONS CONTRIBUTING TO DES	SIII BOT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART ITO
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F 9 174 0 2	sow the deceased alivebove, (1) (44) (41d) (41d)	e on 12 November 9 8	ond that in (my) (aux) opinior	deoth occurred on the date and hi	our and from the couses stated
OR A DIRE DIRE Dept.	22b. SIGNATURE	0 14 1- 1	1 PEGREE	4	22c. DATE SIGNED
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VER SPIT	224 PHYSICIAN'S NAME	YPE OR PRINT	22e. ADDRESS	D	11010/
TO HOSPITAL I	Michel N	HEAIX//MI	15/50 16	relación Sa	16-da 11/2/81
5/8 3 3 3	230. BURIAL, CREMATION, REMO	VAL 236, DATE 7 23C NAV	ME OF CEMETERY OR CREMATORY	123d LOCATION	HOMA MINKON
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STATE OF MARYLAND FOR STATE

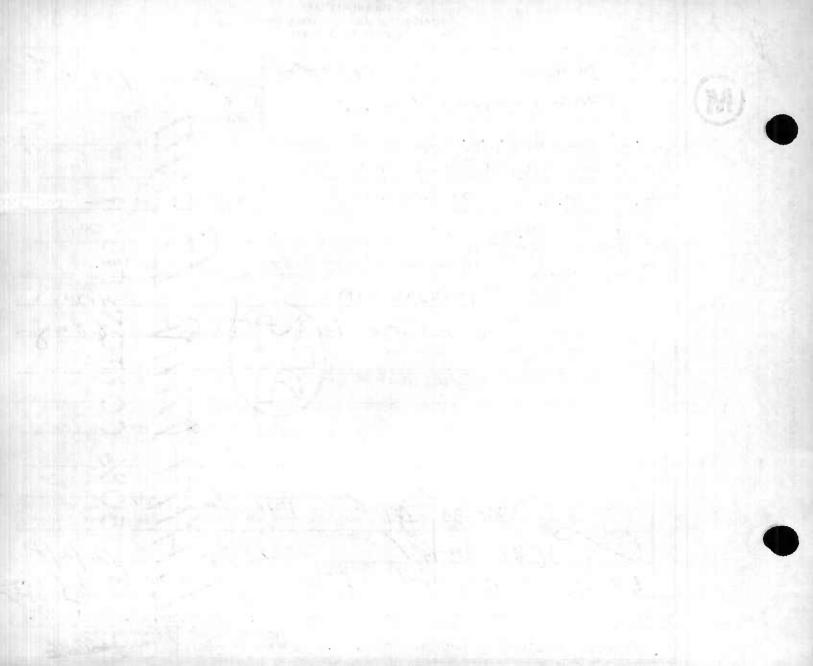
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEKIT	ICATE OF DEATH	REG	NO.		
	I. DECEASED NAME FIRST (TYPE OR PRINT) Nichol		mes	Papi	pas	20 DATE OF DEATH	23,	1981	2b. HOUR 4: 30 pm
	3. SEX Male	4. RACE White		5. DATE C		6 AGE (IN YEARS LAST	r BIRTHDAY)	MONTHS DAYS	
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)	Bethesda	6919 S	Selkirk D	DDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO U.S. GO		G LIFE) 12b. KIND (INDUSTRY Gove	of Business Or rment
			GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Betherd		13d. INSIDE CITY LIMITS?	13e. SIREET ADDRES	s İkirk	Dr.	
	14. FATHER'S NAME FIRST James	MIDDLE	Pappas		15 MOTHER'S MAIDEN NA Mary	WIDDLE		Vou	
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) YES W	RMED FORCES? IVE WAR OR DATES)	311-14-6		II INFORMANT Lily M. Pap		e as i	tem #. 1	(MATE INTERVAL ONSET AND DEATH
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	OR CONTREDUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 27d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 27d I VORK AT WORK 220. I certify that (I) (this hasp sow the deceased glive a obove, (I) (Calidat (did n) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE	21e. PLACE C (AT HOME, STRE sitel) ottended the n 2c 2 ot) view the bady o	A. MONTH DA A. DE INJURY EL, FACTORY, OFFICE, FA deceosed from 19	19 RM, ETC)	22e. ADDRESS	deoth occurred on the	R TOWN TAFF SICIAN	19 8 1 nour ond from the Pec 2	SIGNED 24, 1981
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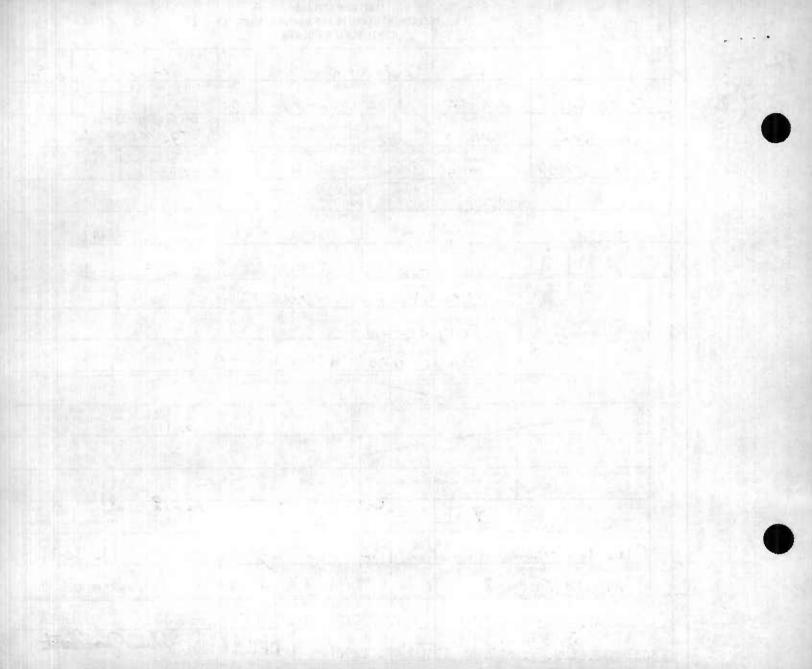
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IMORE, In ond ce Poges 1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS		
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RDS, 20 equires n signed Then pl r to buri injury, c	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS <u>CONTRIBUTIN</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours in oftending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal. Or shows only injury, or other traumatic event, the medical examine must be no orked or them 18 shows only injury, or other traumatic event, the medical examine must be not also as a second or them.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO NO	
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SICIAN: ng physicertifical vial-tron entol Hy frem 18		OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR				
SION OF VI	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION			_
DIVISION OF DING PHYSICIA or ottending p After this certifie as the burial- oith and Mental marked or them	¥	MHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE	
NDIII Norman		22a.l certify that (1) (this hospi	ital) attended to deceased	from	19.0		, 192, that () (we) li	ost
Spiro CTO for of h		saw the deceased alive on abov (1) (we) (did) (did pe	view the bady after death.	_19, ar	nd that in 🚳 (aur) apinian	death occurred an the date	and haur and fram the causes stated	
OR A DIRECTOR A DIRECTOR A DIRECTOR DEPT.		22b. SIGNATURE	1.0		DEGREE	/	22t. DATE SIGNED	-
TAL O the CAL D detoo		Charles LFra	inklin It	MS	ATTENDING PHYSICIAN	MEDICAL STAFF	12-20-8	
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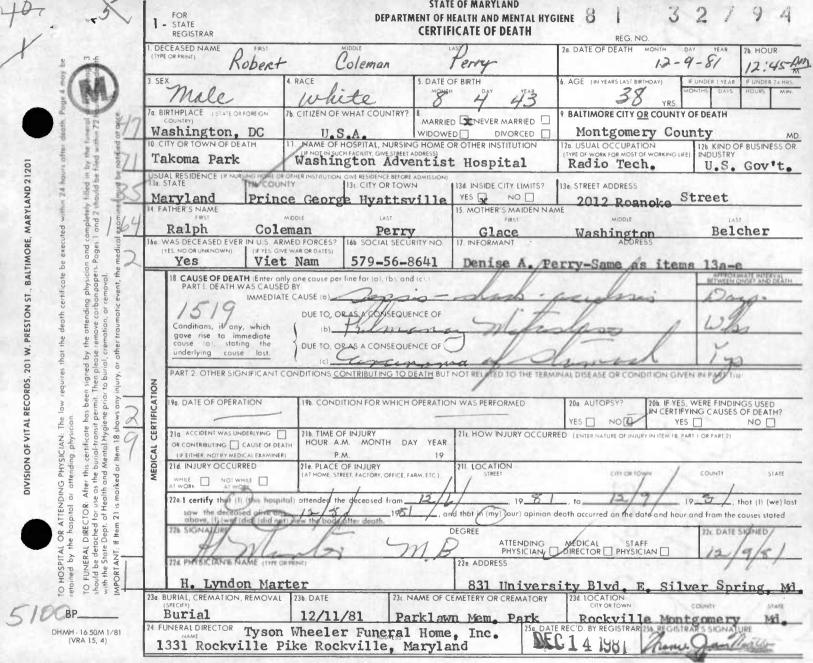


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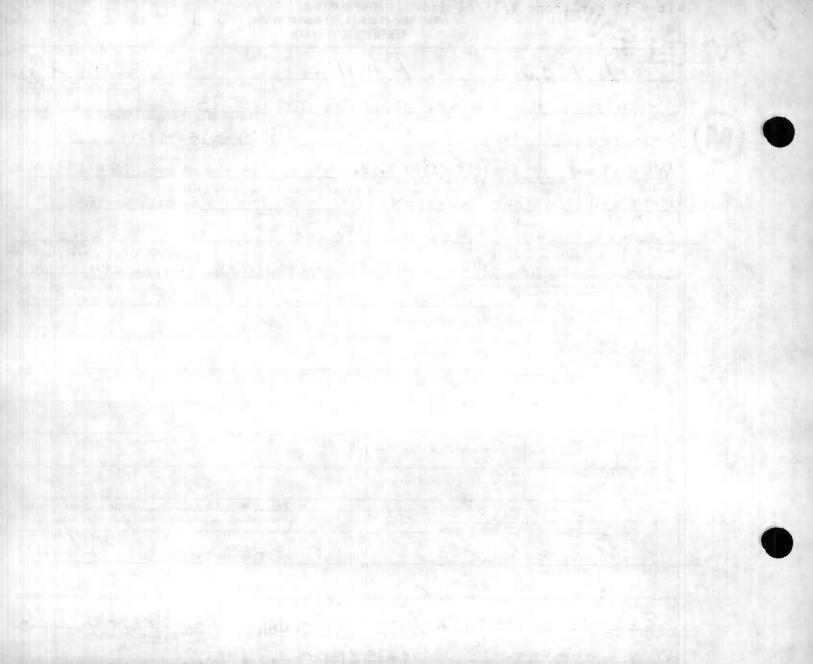
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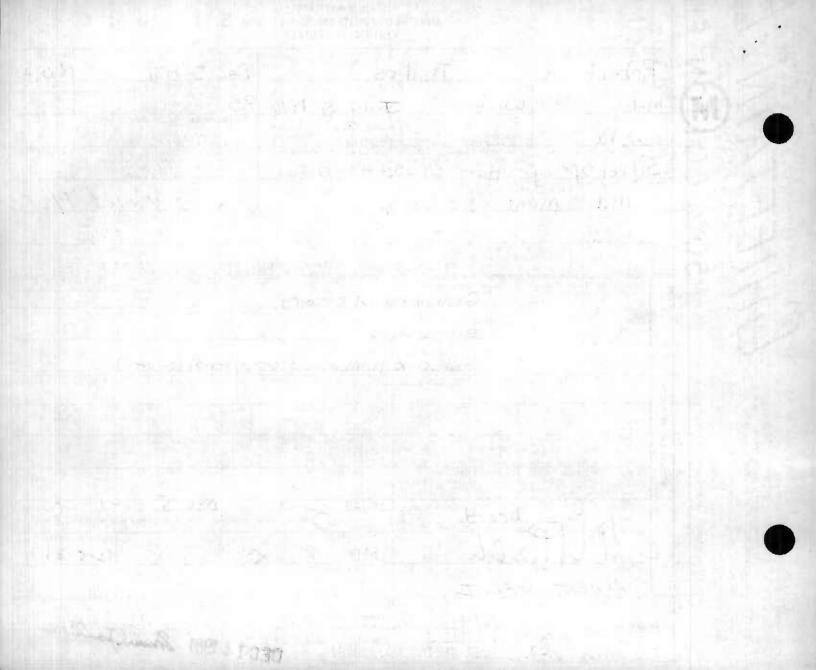


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7	sho sho		THER'S NAME			15. A		AIDEN NAM	NE .			
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E,	xecu T arm	16a V	VAS DECEASED EVER IN L	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO. 17 II	NEORMANT					
AO	and ages	C	res, NO OR UNKNOWN)	YES, GIVE WAR OR DATES)						12010	Id Colum	
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3	al, c		underlying couse le	ost (c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	gnec		PART 2 OTHER SIGNIFIC		ONTRIBUTING TO D	EATH BUT NOT	RELATED TO	THE TERMI	NAL DISEASE	OR CONDITION	GIVEN IN PART 10) 1
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2	e hase erm	Ε							YES	VOTT INCE	PERTIFYING CAUSES	OF DEATH?
ITA	CIAN: 7	CERTIFICATION	21a. ACCIDENT WAS UNDERLY	ING 716. TIME C	OF INJURY	210	HOW INJUI	RY OCCURR			A 18, PART I OR PART 2)	110 [
>	PHYSICIAN up physician up physician this certificat urial-transit Mental Hygi		OR CONTRIBUTING CAUS	E OF DEATH HOUR A								
z	phy g ph inis Men d or	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX		.M. OF INJURY	19	LOCATION					
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	or an or an		22a.1 certify that (1) (this			J v n-e		19 75		2/3/		that (I) (we) last
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	SPIT, I by the NERA State of the State of TAN	1	224 PHYSICIAN'S NAME	(TYPE OR PRINT)		220	ADDRESS				0	
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	DHMH-16 25M	1	NAME OL		ADDRESS SE	277 GEOK	2. LAN	ZJO. DATE	wind n' or 15	O.C.	ALCOURT SESION	UNE (
	(VRA 15, 4) 1/79	W	,W.Char	nBens	S:14	en &	win	°C.				



	1 -	STATE REGISTRAR	DEP		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	6. 5	, 0
	1. DE	EASED NAME FIRST	WIDDLE	LAS	ST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
be age 3	1	Robert A	Ph	illips		Dec. 5, 1981		8:09 AM
ê ê	3. SE	4	RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
2 (M)	W	ALE	White	MONTH	1996	85 YRS	MONTHS DAYS	HOURS MIN
9	Ja BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8	A MENTER WARREN	9 BALTIMORE CITY OR COUN		
to a solution		FST Va	IISA	WIDOWED	NEVER MARRIED DIVORCED	MONTGOMERY		MD.
ed o		TY OR TOWN OF DEATH . 13	I. NAME OF HOSPITAL, NI	JRSING HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
Softi led th	4	silver Spring	HOLY C	COSS H	ospital	CABINET MAK		
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should like		TATE Md 136 COUNTY		150	YES NO		olet	P/2090:
d 2 d 2	14. F.A		DDLE LAS		15 MOTHER'S MAIDEN NAM	MIDDLE	LAS	ST.
dwo /sol		OSCAR	PHILLIPS		ELIZABE		STARRY	/
Poges medica		AS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS		
Po me		NO		03-8466	MARY H. PH	IILLIPS, SAME AS	3 13 WI	IFE
persion of the sicing of the s		18 CAUSE OF DEATH (Enter only	ane cause per line far (o), (l	or, and (c)			BETWEEN	MATE INTERVAL ONSET AND DEATH
physici on poper emovol. event, th		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (a) G25/10	intestina	bleeding			
ding prbc or re		11951	DUE TO, OR AS A CONS					
ve con ion,		Conditions, if any, which	(16) Stress					
emo emo emo er tro		gave rise to immediate couse (a), stating the						
by th ose re other		underlying cause last	DUE TO, OR AS A CONS	TING MI	minary dises	serronal failur	4	
ple urio		PART 2 OTHER SIGNIFICANT CO						0.1
Then to b	O						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
beer mit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDIN	NGS USED
re hos nsit per rgiene shows	LIFIC					YES NOT	TIFYING CAUSES	OF DEATH?
ote onsit tygid by sho	CERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM I		,,,,
certificate rrial-transi entol Hygi flem 18 sh		OR CONTRIBUTING CAUSE OF DEATH						
burial- burial- Mento ar frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
the s	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
Affer the e os the alth and morked		AT WORK		am 10 1	17 10 41	NEC E	01	C. C.
# F = 1		22a I certify that (1) (this hospital saw the deceased places.	1 0 0 ()	9.	17	death occurred on the date and h		that (1) (we) last
d fo		obov. (A twe told die Ach	iew the bady after death.			death occurred on the date and h		
Dep f He		22b. SIGNATURE	. 01	DI	EGREE ATTENDING _	MEDICAL _ STAFF _	22c DATE	
deto deto		ACCITIC	7alle	M	PHYSICIAN X	DIRECTOR PHYSICIAN	12-5	-81
FUNERAL old be dety of the State		22d. PHYSICIAN'S NAME (TYPE OR P	RINT)		77e ADDRESS		v= = 175	
JO FUNERAL DIREC		ALBERT G	SALOT		SILVER SPR	RING, MARYLAND		
H-15 3 3	23o B	URIAL, CREMATION, REMOVAL		230 NAME OF CE	METERY OR CREMATORY	23d. LOCATION		
		RIAL	12/7/81	MT. VIF	W CEMETERY	MARRIOTTSVI	LLE HOU	HARD STATE MO
- 16 50M 1/81			S J. COLLINS		25a DATE	E DEC'D BY DECISTRAD 240 EC	ISTR (R'S SUCINITIES	
RA 15, 4)	2	00 UNIV. BLVD., W.			0901	C141981	m J	
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Rockville, Maryland

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FOR - STATE

3 SEX

CERTIFICATION

DECEASED NAME TYPE OR PRINT)

Female O BIRTHPLACE I STATE OF FOREIG Latvia 10 CITY OR TOWN OF DEATH

Garcett Park JUSUAL RESIDENCE (IF NURSING H

160 WAS DECEASED EVER IN U

18 CAUSE OF DEATH (E) PART I. DEATH WAS C

210 ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

SICIAN'S NAME (TITLDETEN)

Jeremy V. Cooke

(YES, NO OR UNKNOWN) No

Maryland 14 FATHER'S NAME

Emi

113b

Karlis

	ija (NMT) Pi	lavnieks	December 22,1	981 26 HOUR
	(MMI)	DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	7:00 N
		MONTH DAY YEAR	^	MONTHS DAYS HOURS MIN.
		Jan. 6, 1903	78 YRS.	
N	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
	United States	VIDOWED DIVORCED	Montgomery Co	unty, Mc
	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD		120. USUAL OCCUPATION	12b, KIND OF BUSINESS OR
	4604 Strathmor		Homemaker	Home
	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD			1 Home
	JNTY 13t CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
n	tgomery Garrett	Park YES X NO [4604 Strathmo	re Ave.
	MIDDLE	15. MOTHER'S MAIDEN NA	WIDDIE	LAST
	Ville	rs Lize		Grauze
	ARMED FORCES? 166 SOCIAL SECURIT	Y NO. 17. INFORMANT	ADDRESS	
E5. (214-30-0	909) Same as i		on,
er	anly one cause per line for (a), (b), and is	1 00 00 0	CCM // LO	APPROXIMATE INTERVAL
AU:	SED BY:	- 1)		BETWEEN ONSET AND DEATH
DI	ATE CAUSE (a)	200 - 201 400		
	DUE TO, OR AS A CONSEQUENT	CE OFO		
	(16) Chales !	excert her	or disco-	
	DUE TO, OR AS A CONSEQUENT	CE OF		
e				
h le ne it	(6)			

Canditions, if any, whi gave rise to immedia cause (a), stating underlying cause la PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION

211 LOCATION

220 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive on 1113 and abave, (I) (we) (did) (did not) view the body after death. NGNATURE DEGREE

21b. TIME OF INJURY

P.M.

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY OFFICE FARM, ETC)

and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY

STATE

STATE

CITY OR TOWN

Connecticut Avenue Kensington, Maryland

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE Dec.	230 NAME O	OF CEMETERY C	R CREMATORY	23d LOCATION	
Burial		Rock	Creek	Cemeter	Washington,	D.C.

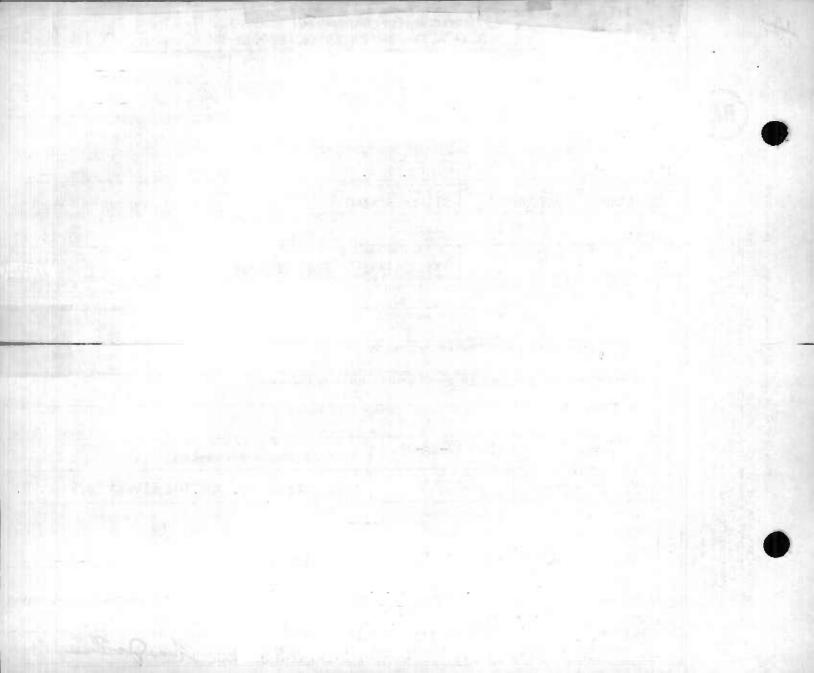
Robert A. Pumphrey Funeral Homes, P.A., Bethesda, Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

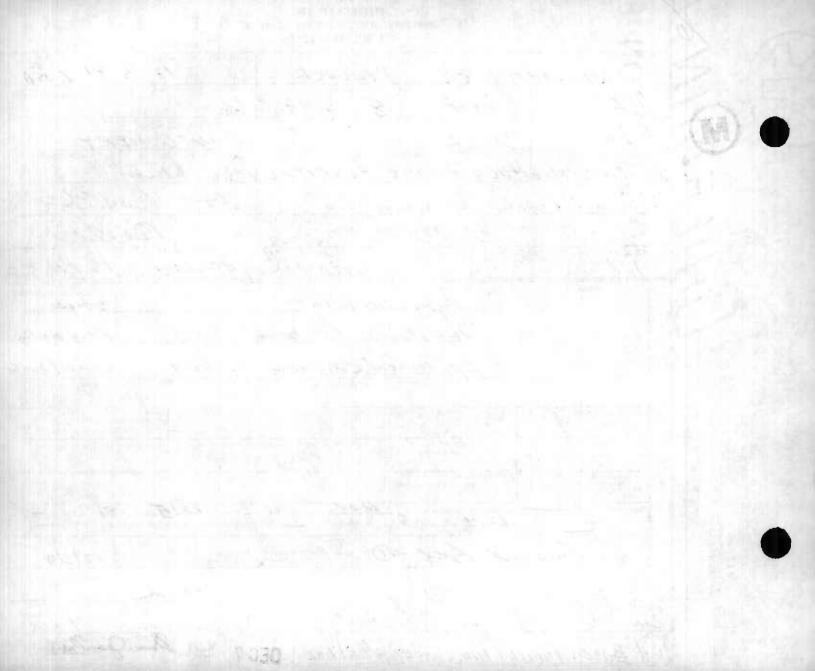
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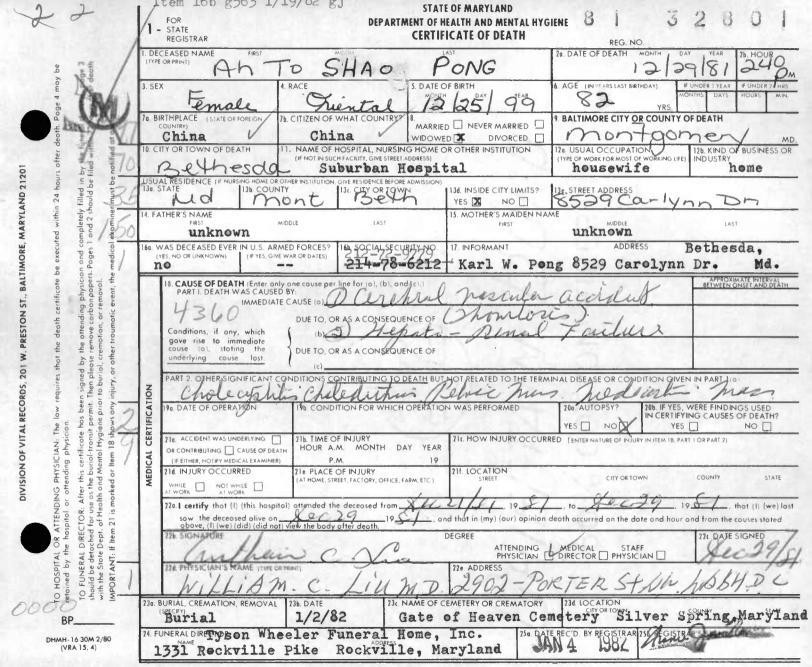
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		-			ilm#G564_	STA	TE OF M	ARYLAND				
10			FOR STATE 2-3-82 REGISTRAR	2 AL				AND MENTAL H		REG. NO.	2 /	7 7
		1. DE	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF	KNOWN	ONE 9 DAY	YEAR 26 HOUR
	URS. URS.			ANNA	à n		NOS		DEATH	MATED 2	-28 -81	17 /41
	2050	3. SE)			MARCH 10,	6. AGE (IN YE YEAR LAST BIRTHD.	ARS IF UN	DER 1 YR. IF UNDER	MIN. PRONOUN	ICED 10	DAY DAY	YEAR 24 HOUR 9:33
	无限别)		emale w	hite	76 CITIZEN OF WHA	, 1897 84 YI	RS.		DEAD		-29-81	17
	8	M	ASSACHUSE	TTS	u. s. A	١.	WIDOW		Montgo	omery Co	unty	MD.
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	5il	ver Sprin	qs /	2306 Cols	ITAL, NURSING HOME BLITY, GIVE STREET ADDRESS) STON Dr. Ap	ot. 1	er institution 01	176 USUAL OCCUP FOR MOST OF WOR HOMEN	KING LIFE)	OR	ND OF BUSINESS RINDUSTRY WN HOME
. 21201	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE											
RE, MD.	S I, S I, S I, S I, S I, S I, S I, S I,	M	ORRIS		MIDDLE	GROSS		15. MOTHER'S MAIDE ROSE	NNAME	BDDLE	1	LAST ETERS
IMO	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 18.										LYTTON:	SVILLE RD.
N N	ADDITION OF JUNES OF DEATH (Enter only one cause per line far (a) (b), and (c))									R SPRI	NG vai	
ZT.												PROXIMATE INTERVAL
W. PRESTON ST	24 HOI ITEM 1 IONG PERMI GIENE, VAL.	16	91.30		E CAUSE (a)	rangulation						
REST	HIN NSIT HY EMO		Conditions, if	any, which	DUE 10, OR A	IS A CONSEQUENCE	70					
- ×	TED WITHIN 24 PENCIL IN ITEM XAMINER ALON AL-TRANSIT PER MENTAL HYGIEI N, OR REMOVAL		gave rise ta cause (a) statin		(b)	S A CONSEQUENCE)E					
201	EXA EXA IAL-		lying cause last	1.	(0)							
DIVISION OF VITAL RECORDS,	D BE EXECUTED FENDING" IN P MEDICAL EXA AS A BURIAL CREMATION,	_	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN PAR	T 1 (o).			
ZECO.	ULD BE EXE "PENDING FF MEDICA ED AS A BI HEALTH A AL, CREMA	CERTIFICATION	19a. DATE OF OPER	ATION	Line contract	ON FOR WHICH OPER	. 71011111					
IAL	SHOULD ORD "PE CHIEF A E USED, T OF HE, URIAL,	FICA	I TALL OF OFER	ATION	176 CONDITIO	ON FOR WHICH OPER	ATION W.	AS PERFORMED?				UTOPSY?
F	WORK OF SECOND	ERTI	210 EXTERNAL CAL	JSE WAS	216. TIME OF	NIURY-	21c HC	W INJURY OCCURRED) LENTER NATURE OF INI	IRY IN ITEM 18 PART		ESXX NO [
ONO	CERTIFICATE SHOUL TING THE WORD "F SED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF H FRIGR TO BURIAL,		UNDERLYING XX CONTRIBUTING	OR CAUSE OF D	HOÙR A.M.	NURY BOAS 1 YEAR	su	bject found				
VISIO	REDED T REDED T SE 3 SH TE DEPA	MEDICAL	21d. INJURY OCCUP	RRED	21e PLACE OF	FINJURY (ATHOME,		CATION			100	
ō	ARE ARE	X	AT WORK AT V	NORK XX	h	OME	23	06 Colston	Dr. Abt	TO1 SILV	ref"Spr	ings, Md"
	ER: THE ATE, ORW. ORW. P. R. P.		220. I certify that	I taak charge	e af the remains descr	ribed abave, held an	Autops	y XX. Inspection	, Inquiry	, and in	my apinian	
	MIN FECT FITTH THE		death resulted from	m: Nature	al causes, ,	Acqident . Su	icide	Hamicide XX	Undetermined ma	nner .		
	DIR WAR		ACTUAL	(VA	lato A	12 10		TITLE (SPECIFY)			NA YE	
	ETHE CER SHOULD ERAL DIR EATH, WI ORE, MAR		SIGNATURE	Value	Month	Aur	M.	D.Assistant	MEDICAL EXAM	INER S	SIGNED 12-	30-81
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI EXEG 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE! BATTIMORE, MARYLAND,		EXAMINER'S NAME	Mar	garita A	Korell, M.I	0.	ADDRESS 111	Penn Stre	et		
	TO PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23o. B	URIAL CREMATION			DISTRICT		ADDRESS	23d. LOCATION			
26	GP2	(5	BURIAL		12/31/1981	DISTRICT	DCF (CENETERY		NGTON,	D.C.	STATE
	DHMH - 17	24 F	DONA LIVE MAR	STEIN	HEBREW ME	MORIAL FUN	ERAL	HOME	EC'D. BY REGISTRA	R 75 REGISTE	AR'S SUPPLIE	ALL CONTRACTOR OF THE PARTY OF
	(VR A15 ME (5))		232 CARROL	LL STRE	EET, N. W.	. WASHINGT	ON. I	c. JAN 5	1982	france of	Mary 18th	



1/	7			STATE OF MARYLAND		
10	1	FOR - STATE	DEPAI	RIMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8	5 2 3 9 0
	1.0	REGISTRAR CEASED NAME FIRST	MIDDLE		REG. NO.	
		E OR PRINT)	WIDDLE	LAST C.	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	1 0	WILLIA	1	POLLOCK	12	5 81 1:05AM
	3 SI	MAIT	RACE O L	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
1	-	MALE	Deach,	8 4 1973	66 YR	
40	1/a. E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
10	100	Je 1	111 NAME OF HOSPITAL NUR	WIDOWED DIVORCED	MUNTGUN	UER" MD.
480	10.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
20	12/	AL RESIDENCE (IF NUR		SS HUSPITAL	Vous Ares	ner
10	1	STATE TO THE STATE OF	HER INSTITUTION GIVE RESIDENCE BEA		13e. STATE ADORESS	2,126
6	1	Xungo	Room Mar	ence YES NO [Put S	304 263
32	14. F	ATHER'S NAME FIRST	-coit 4 . 14	15 MOTHER'S MAIDEN N	NIDDLE MIDDLE) Musi
de	-	WAS DESCRICED SUSPENDANCE.	macci	or nang	- 1	is exect
3	100	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SE	CURITY NO. IT INFORMANT	ADDRESS /	DIE Dun
1	_	100		exactive	- Januar,	KIS 18436=
	198	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	inly one couse per line for (o), (b),	ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (a) Hyper	calcemia		3 degs
		1629	DUE TO, OR AS A CONSEC	DUENCE OF		
		Conditions, if any, which gave rise to immediate	(b) 12+457	tases to box	e	few months
		couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEC		/	
				imoid Carcinoma	9 /	secret months
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
_	CATION	19a DATE OF OPERATION	IN CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	VEC WERE ENDOUGH
d	F		THE CONDITION ON WITH	OF ENAMORY WAS PERFORMED	INCER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
-	CERTIFI	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21¢ HOW IN IURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM	YES NO
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	TENTER MATORE OF INJURY IN ITEM	ISTANI I ORPANI 2)
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
		AT WORK — AT WORK —	man ottended the deceased from	NOV 10 81	1218	01
		sow the deceased alive or	12/4 10	G-1	n death occurred on the date and h	that (I) (wa) lost
		obove, (I) (we) (did no 22b. SIGNATURE	ot) view the body ofter death.	DEGREE	acom occored on the dole ond t	22c. DATE SIGNED
		6. Loun	-1/41	ATTENDING	MEDICAL STAFF	, ,
1		22d. PHYSICIAN'S NAME TTYPE		PHYSICIAN 1	DIRECTOR PHYSICIAN	12/5/8
1		0 1	1 0 1	1 11.	ere- Hara	· T. /
-	22	O. LeoNA			ROSS. HOSP.	14/
	2300	SURIAL, CREMATION REMOVAL	236, DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	74 F	JNEBAL DIRECTOR	17-14	T los	ATE REC'D. BY REGISTRAR 250 EG	NO, TIC
	1/11	WAR ARAN F	ADDRESS	47-14th St. V.W. 1	4001	w Jan Parth
	WI	11. HUCOI PUN	214/ 1701114 -34	4/-19 = SI.N.W.	E.U.	0

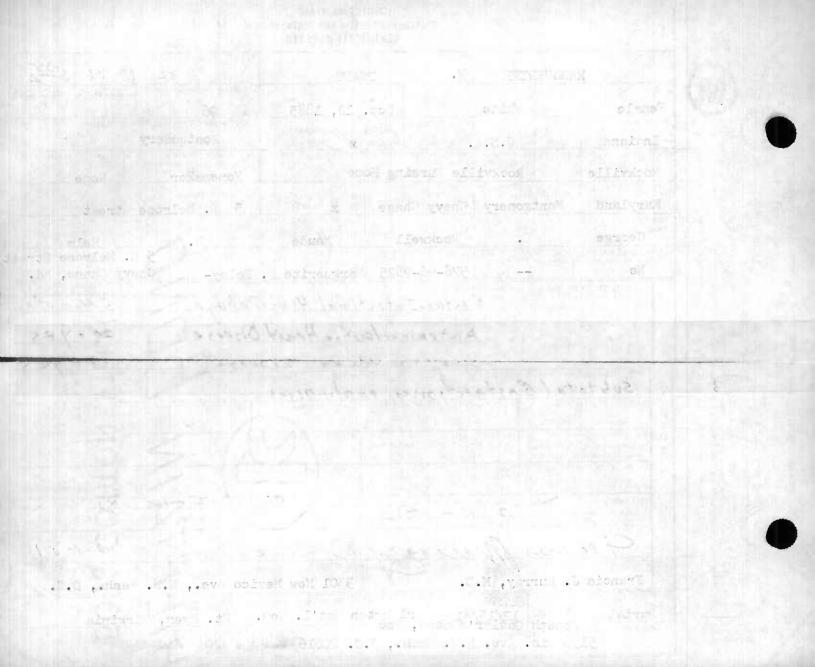




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DEAT GES	NA PA AND AND AND AND AND AND AND AND AND AN		Harry				orner		Be	ssie				Dolby	
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S AI SS AI	PAG		No	DEATH S.			-03-07	75	Marcu	s Page-	-3222 Q1	uesad	a St, M		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND	FORWARDED TO THE CHIEF MEDICAL EXAMINER, ALONG W OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D NND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	2	INDERLYING		HOUR A	OF INJURY M. MONTH M.	DAY YEA	R 21c H	OW INJURY (OCCURRED (E	ENTER NATURE OF I	NJURY IN ITEA	A 18 PART 1 OR PAR	T-2)	
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SATE	PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DÉATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P			that I taak charge	₩.			Autap	, —	Inspection	,		and in my opi	nion	
NAME OF THE PARTY	MEC VITH VRYL		death resulted	d fram: Natur	al causes 🔼,	Accident	LJ, St	icide	, Hamici		Indetermined m	nanner			
25	A P OC	A	CTUAL IGNATURE_		John &	5. B.	el	M	De I	DUTA	MEDICAL EXA	MINIED	DATE SIGNED	Doc.4	1981
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₩	A SE E E	(1	YPE OR PRIN	T)	John G.						George				
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· (16/11)	1		CEASED NAME FIRST	MIDDLE	P	AST 1	2a. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
		3. SEX	>TAN 10	IJRACE	5. DATE C	RCE	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER	81 S PM
Ella .			Male	Caucasian		15, DAY 1903 EAR	78	MONTHS YRS.	DATS HOURS MIN.
F Sold R	5		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUN	TDV2 0	D A NEVER MARRIED	9 BALTIMORE CITY C	11101	ATH
decat	1		Virginia	USA	WIDOWE	D DIVORCED		9 OMER	V MD
to other	0		Bethesda	1. NAME OF HOSPITAL, NU	TREET ADDRESS)	OSD LA	12 (TYPE OF WORK FOR MOST C Accounta	OF WORKING LIFE) IND!	IND OF BUSINESS OR USTRY S. Tres v.
24 hours out the could be could be	3	13a. S	RESIDENCE (IF NURSING HOME OR OF TATE 136. COUNT Maryland Mon	TY 13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4117 Fran		
d within npletely and 2 sh	and the same		THER'S NAME	IDD1E LAST		15. MOTHER'S MAIDEN N.	AME		LAST
ample I and I			Oscar	Purcell			E. Dunning	ton	LAST
be exection and c	1		AS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN) (1F YES, GIVE			Muri Katherin Pur	cell, Wife 4	ll7 Frank ensington	klim St.,
quires that the death certifica signed by the attending phy her please remove corban paraburial, cremation, ar remov jury, or ather traumatic event		N	PART 2. OTHER SIGNIFICANT CO	BY: CAUSE (0) DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	EQUENCE OF	Stroke Stroke	Hemori Tensian MINAL DISEASE OR CON	rhage)	APPLOAMME INTERVAL WEEN ONSET AND DEATH
he law renon. has been t permit. T iene prior	7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
SICIAN: TI ng physicia certificate priol-transit ental Hygia			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR P.	ART 2)
affending affending ter this can be so the burner the dor I		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn cour	NTY STATE
OR ATTENDIN e haspital ar DIRECTOR: Af ched for use a Dept. of Health			270.1 certify that (1) (this haspital saw the deceased alive an approximately says that the same says the same says that the same says the sa	all) attended the dereased from		d that in (my) (our) apinion		226.	that (I) (we) last am the causes stated
etained by the TO FUNERAL I should be deto with the State I MPPORTANT: If		4	224 PHYSICIAN'S NAME (TYPE OR)	PRINT)	4	ATTENDING PHYSICIAN) 122e. ADDRESS	P n of		2/1/8/
TO H shoul	7	3a. B	URIAL, CERTIFICATION TO THE TOTAL TO	23b. DATE	73r NAME OF C	EMETERY OF CHANGE YRY	Lady Hrop	e Dul	Markey
CBP		(:	Burial	Dec. 4, 1981			Rockville	Montgo	mery, Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	7	4 FU	NERAL DIRECTOR NAME W. W.	CHAMBERS	EO.	25a - P.A	EC 8 1981		IGNA(I)
	-	-	A TAY LICATO	AVA	VI	0410	2 '	100	

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Then please remove carbanpopers. Pages 1 and 2 in

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campi

STATE OF MARYLAND

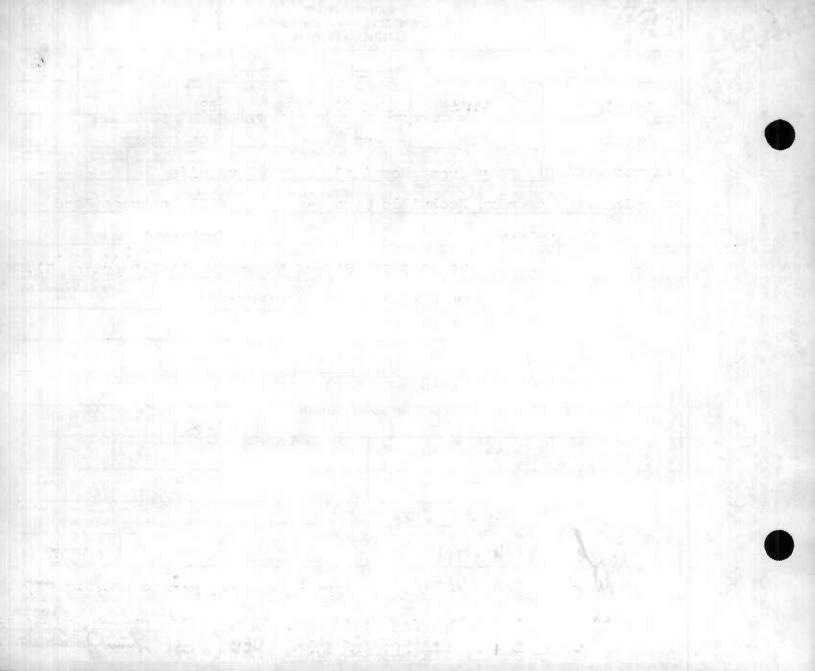
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1	REGISTRAR			CERTIF	CATE OF DEATH	REG. NO)				
	DECEASED NAME	FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DA		2b. HOUR		
		EIEN	R	KA	ChUPIS	Dec. 17	MONTH DAY YEAR 2b. 1981 1981 PRINDER I YEAR IF U MONTHS DAYS HOU PROCEEDING LIFE DAYS HOU PROCEDURY OF BEATH COMERY INDUSTRY OWN hom AVENUE. NORKAITIS 45 Grant Avenue koma Park, Md. APPROXIMATE BETWEEN ONSET (INCERTIFYING CAUSES OF E YES NO RY IN ITEM 18 PART I OR PART 2) WAN COUNTY 19 1, that Date and hour and from the couse 122. DATE SIGN 12 - () 60 Hyathaule 134 PEGETRAR'S CONATURE	425			
1.3	SEX 7	4 RACE	, -	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT		IPUNDER I YEAR IF UND MONTHS DAYS POURS INCLIFE INDUSTRY OWN home Tenue. Norkaitis Frant Avenue, APPROXIMATE INIT BETWEEN ONSET AND INCLIFE INDUSTRY OWN HOME TO STAND THE	IF UNDER 24 HRS		
	remail	6	WITE	11	22 00	8/	YRS.				
A 70.	BIRTHPLACE (STATE OR F		EN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED KX	9 BALTIMORE CITY O	R COUNTY (OF DEATH			
3/	Pennyslvan:		SA	WIDOWE	D DIVORCED	9			JM.		
1	Takoma Parl	c W.	ME OF HOSPITAL, NURSH OT IN SUCH FACILITY, GIVE SAFE ashington Ar	VENKE	the Hospital	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOmemaker		INDUSTRY			
Ma ₁	ryland	NG HOME OR OTHER INST 136 COUNTY Montgome:	ritution, GIVE RESIDENCE BEFOR 13c. CITY OR TOW Takoma F			13e STREET ADDRESS 224 Grant	Avenu	e.			
/3K-)	Joseph	MIDDLE	Rachun	nis	15. MOTHER'S MAIDEN NAM	ME	N	orkaiî	is		
1.0	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FOR (IF YES, GIVE WAR OR D NONE			17 INFORMANT Alan Donnel	1-nephew- _{Ta}	4 ^S Gran koma P	ark, M	ld.		
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only one co AS CAUSED BY.	use per line for (o) (b), an	dig 1	^			BETWEEN	ONSET AND DEATH		
	UNION MEDIATE CAUSE (0) COLONAL WEMONUSE										
	1310	DUE	TO, OR AS A CONSEQU	ENCE OF	U				0		
	Canditions, if any, gave rise to imm		(b)								
100	cause (a), stating	g the DUE	TO, OR AS A CONSEOU	ENCE OF							
	underlying cause										
z		00.	. 1) 7	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN	V IN PART 110	0		
CERTIFICATION	19a DATE OF OPERAT		CONDITION FOR WHICH	WCLIN !	Lluke mi	200 AUTOPSY?	Took IE VEC	WEDE FINIDIA	ICC HCED		
2 8	THE DATE OF OFERAL	170	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIFY	ING CAUSES	OF DEATH?		
ER	21a. ACCIDENT WAS UND	FRITING D 21h	TIME OF INJURY		21, HOW INTURY OCCURE	YES NO X			NO [
7	OR CONTRIBUTION C		UR A.M. MONTH D.	AY YEAR	, , , , , , , , , , , , , , , , , , ,	CED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	IT I OR PART 2)			
MEDICAL	(IF EITHER NOTIFY MEDIC		P.M. PLACE OF INJURY	19	ALL LOCATION						
WEL	WHILE NOT WH	(AT H	OME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	NN	COUNTY	STATE		
	WHILE NOT WH	K L			70	4		01			
			ded the deceased fram_	91		, to	. 19		that (I) (we) la		
	saw the decease abave, (1) (will be	d alva on id! (did oot) view #7	body after death.	O.L., one	d that in (my) (aur) opinion (death occurred an the da	te and haur o	and from the	couses stated		
	22b. SIGNATURE	1.1	1 .~	D	EGREE			22c. DATE	SIGNED		
	la	J- Cha	aurho		ATTENDING PHYSICIAN D	MEDICAL STAF		12-	17-81		
	22d. PHYSICIAN'S NA	ME (FIRE GRADIES)	97,		22e ADDRESS	THE THINGS		1,	. 1 0 .		
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230	(SPECIFY) Burial				arys Cemetery	Wanamie	Luze	rne	Penha.		
24		1 2 2 2	Carlo a caracter and a			None and the second					
14	ined Rinald	i Funeral	Home 11800 Silver	N.H. A	ve.	E REC'D. BY REGISTRAR	M. REGISTRA	AR'S SIGNATI	URE		
11.	THES/ KINGIU.	LIUNCIAL	Silver	Sprin	ng, Ma.	C 22 1001	21	O.	Work		

DHMH-16 50M 1/B1 (VRA 15, 4)

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FOR
- STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

						KEG. N	O.			
	ECEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b, HC	UR
1	Kenne	eth G	raham	Ra	V	December 3	198	1	9.5	50 AMM
3.5E	X	4 RACE		5. DATE		6 AGE (IN YEARS LAST BI		IF UNDER I YEA	IN PART 110 VERE FINDINGS USING CAUSES OF DEAX TOWNITY 81 that X and from the causes so the first that the causes of the first that the cause of th	ER 24 HRS
	Male	White		Marc	h 8, 1963	18	YRS.	MONTHS DATE	HQURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	OF BUSINES OF BUS	
1	DURHAM NC		USA	WIDOWE		Montgomery	Count	L		MD
10 C	ITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	170 USUAL OCCUPAT	ION	12b KIND		
B	ethesda		ch facility, give street.		nter	STUDENT		E) INDUSTR		
UsU		DIHER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION)						
	rth Carolina	UPALT.	Apex	N	13d. INSIDE CITY LIMITS?	Rt. 3, Bo	v 224	_A		
	ATHER'S NAME				15 MOTHER'S MAIDEN NA		12 274	_A		
	VERNON	MIDDLE	RAY		RITA	RAE		FER	CILCOL	V
160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS	LMI	00001	-
-		GIVE WAR OR DATES)	245-94-	2452	Rita Green	(Mother)	sam			
	NO.		1		Tata Green	(PDUIET)	Sall		XIMATE INT	FRVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	CED BY			\ nnect			BETWEE	ONSET AN	DDEATH
	1010 IMMEDI	ATE CAUSE (a)	espirato	or y	ALLEST					
	1067		R AS A CONSEQUE			.112	1 .			
	Conditions, if any, which gave rise to immediate	(b) T	esticula	ar ca	arcinoma wi	th multip	re	-		
	couse (a), stating the underlying cause last		R AS A CONSEQUE							
		107	***************************************		n both lung					
N	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	EN IN PART	10	
CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120b. IF YES	. WERE FIND	INGS LIS	ED
IFIC		26 1				VEC D NOT	IN CERTIF		S OF DEA	ATH?
ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	-	21c. HOW INJURY OCCUR	YES NO		C.F	NO	U
-	OR CONTRIBUTING CAUSE OF D	CAIN	M. MONTH DA							
MEDICAL	21d INJURY OCCURRED	P. 21e. PLACE	M.	19	211 LOCATION					
MEC	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY		STATE
	AT WORK AT WORK				1 00 03					
	22a.1 certify that XX (this has saw the deceased alive a		ne deceased from_	Novem	ber 29, 19 81	to Decembe				
	obove, y (we) (did) (you	ot) view the body	often death!			death accurred on the d	ote and hou			
	2 SKINACUES - / 2	B 9/	A Vous		DEGREE	MEDICAL STA	/	22c DAT	ESIGNE)
	have!	No / N	777	M.	- PHISICIAN L	DIRECTOR PHYSIC	CIAN D	12-	3-8	5/
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS Nati	onal Inst	itute	of F	lea1	th
	Lavid D.	Gette	37		Clinical C	enter, Be	thesd	la, Mo	1. 2	0205
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	BURIAL	DEC. 6	1981 N	IT. P	ISGAH BPT. CE		CI		CO	N.C.
24 F	UNERAL DIRECTOR				1250 DAT	CO BI REGISTOR	75b REG	mare C.	ALMS /	ar Line

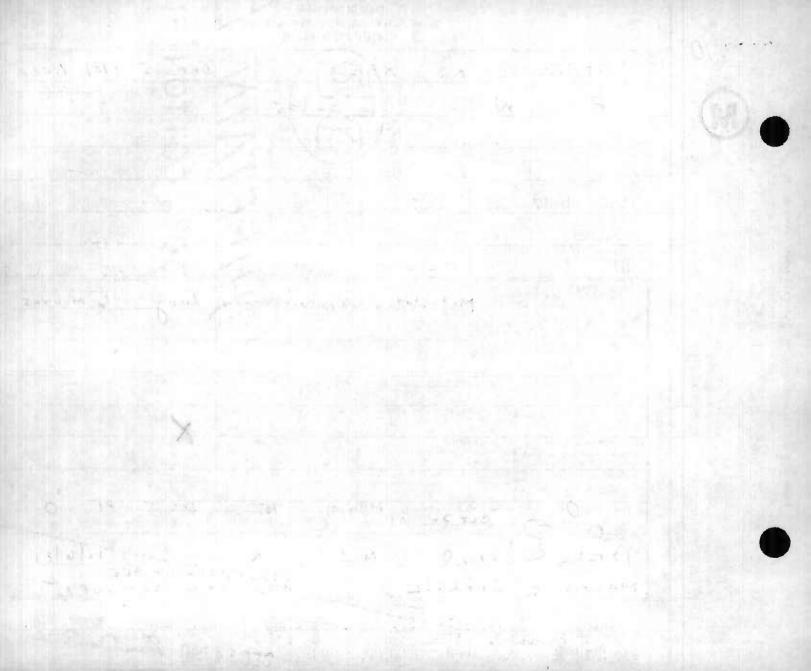
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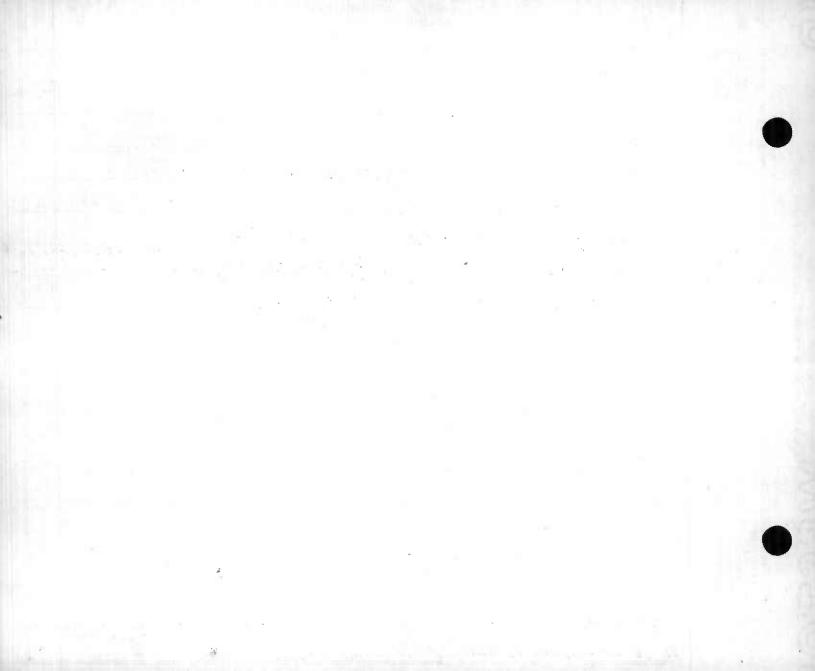
TO FUNERAL DIRECTOR: After this certificate has by

APEX FUNERAL DIRECTORS

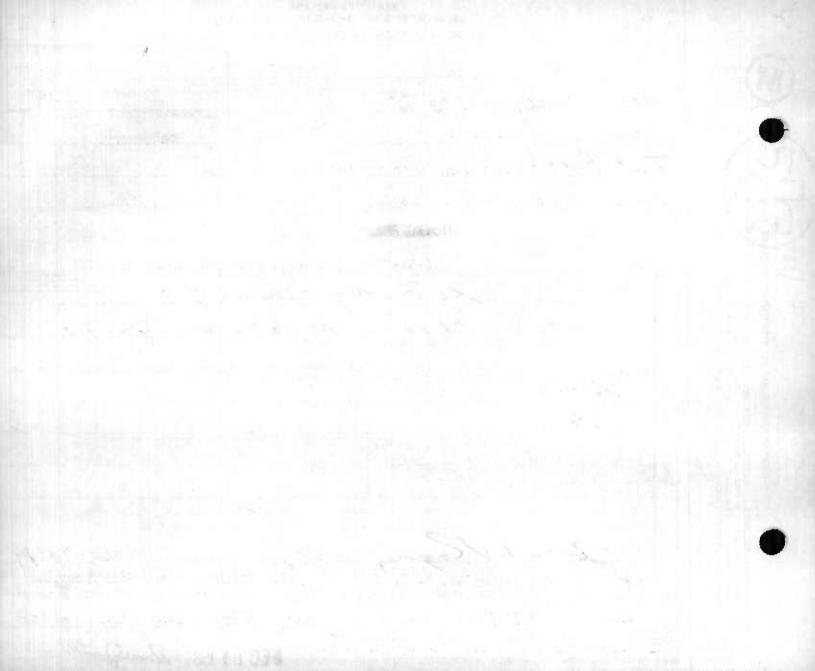
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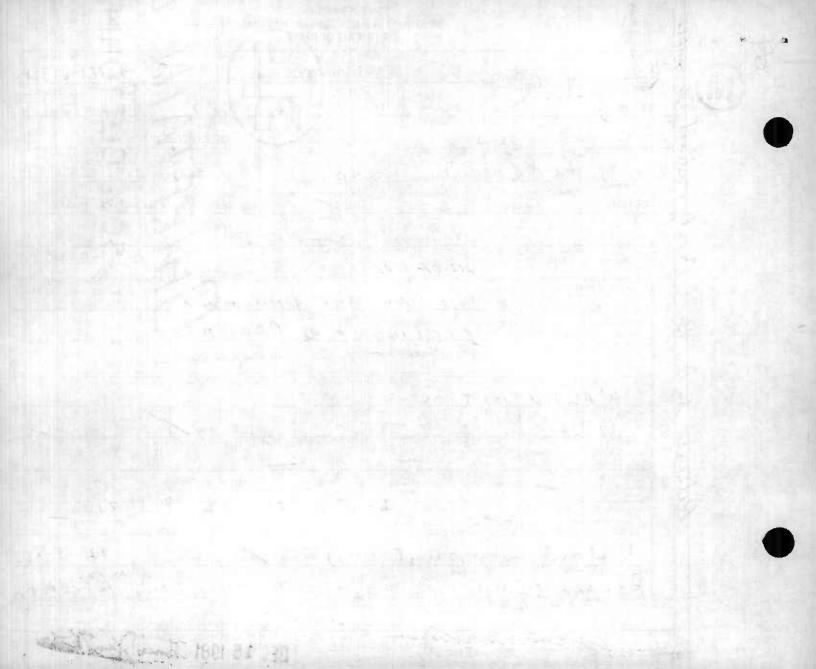
VEHIOR LA RAY PER DEGREE BELLES DEC. 1981 - HT. PYS A. SPT. CEV. APUX CANTIGN. OC. SM.C. APEC LENGISC MIRIORORS LOSSI, M.O.

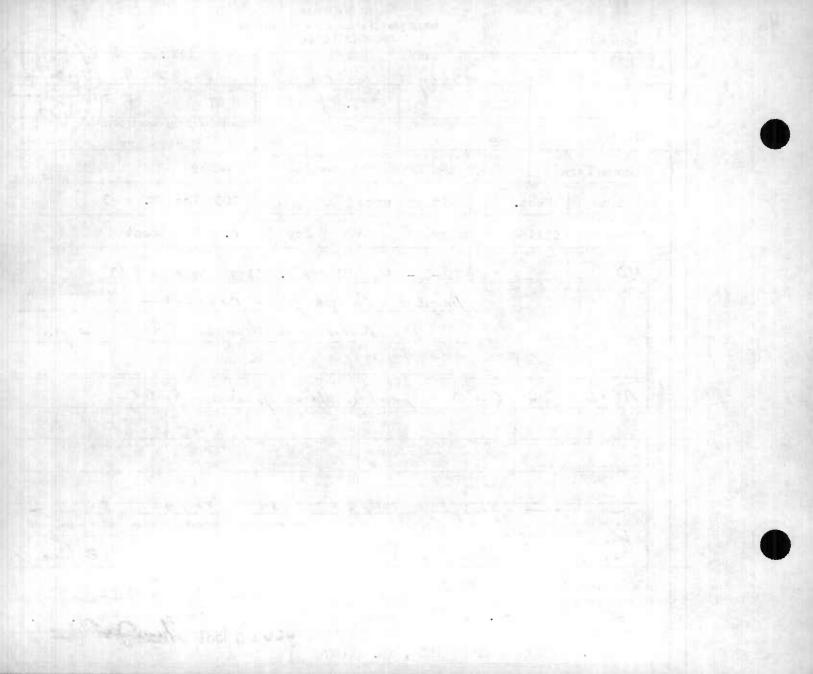




12	111	_ FOR					AARYLAND	UVCIENE	2 24/3	0 0	1 2
	100	1 - STATE REGISTRAR					ERTIFICATE		3	2 0	1 4
		1. DECEASED NA	AE FIRST		WIDDIE	TER 5	LAST	2a. DATE		MONTH DAY YE	AR 2b. HOUR
(20)	248E	(TYPE OR PRINT)	Jack		Irwin		Resnicoff	OF	ESTI-	2-9-81 19 1	12:40P M
(IM)	BH OF	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN		DER 1 YR. IF UNDE	R 24 HRS. 2c. DAT	E A	MONTH DAY Y	AR 24 HOUR
	ON SUPPLIES	rale	White	arv1/25	109 78	YRS.	HS DAYS HOURS	MIN PRONOL DEA	INCED 12-9	9-81 ,12	2:40P
	UNERAL DIRECTOR FOR YOUR FILE WITHIN 72 HOUS WESTON STREE	70. BIRTHPLACE	1	THE CITIZEN OF WE		8 MARR	IED XX NEVER MARI	RIED . 9. BALTI	MORE CITY OR	COUNTY OF DEATH	1
2	CONTRACTOR OF THE PARTY OF THE	Russia		U. S. 1		WIDOW			Montgon	nery	MD.
<u>₩</u>	DS, 2014	10. CITY OR TOWN	OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOA)		12a. USUAL OCCI	UPATION (TYPE OF	F WORK 176 KIND OF	JSTRY
DELA	DS, DS,	USUAL RESIDENC	- 124 K	Washingt	ton Advent	ist H	ospital	Lawyer		Privo	ite
21201 ANY	SEASON A	13a. STATE	N3 COUNT	TY	13c CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDR	RESS	0	
D. 2	SHORT SHOW	Maryland 14. FATHER'S NAA	Prince	e Georges	Hyattsvi	lle	YES NO [nning Pl	lace	
E, MD.	SE PA	Menac		MIDDLE	RISTKOFF		Ethel	DEIN NAME	MIDDLE	(Unknown)	
A DE	NAGE -4	160 WAS DECEAS	ED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS	(unienown)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEAT	TITEM 18. GIVE PAGES 1, 2, AND 3 TO LONG WITH PORM PM 3. RETAIN P PERMIT. PAGES 1 AND 2 SHOULD BE GIENE, DIVISION OF WITH RECORDS, WAL.	NO. OR UNK	OWN) (IF YES, GIVE V	WAR OR DATES)	220-34-7	929	Blanche.	Resnicoff	(Same a	us # 131	
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0	EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE OI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BU	230. BURIAL, CREM	ATION, REMOVAL 2	3b. DATE	23c. NAME OF C	EMETERY C	ADDRESS OR CREMATORY	23d. LOCATION CITY OR TOWN			
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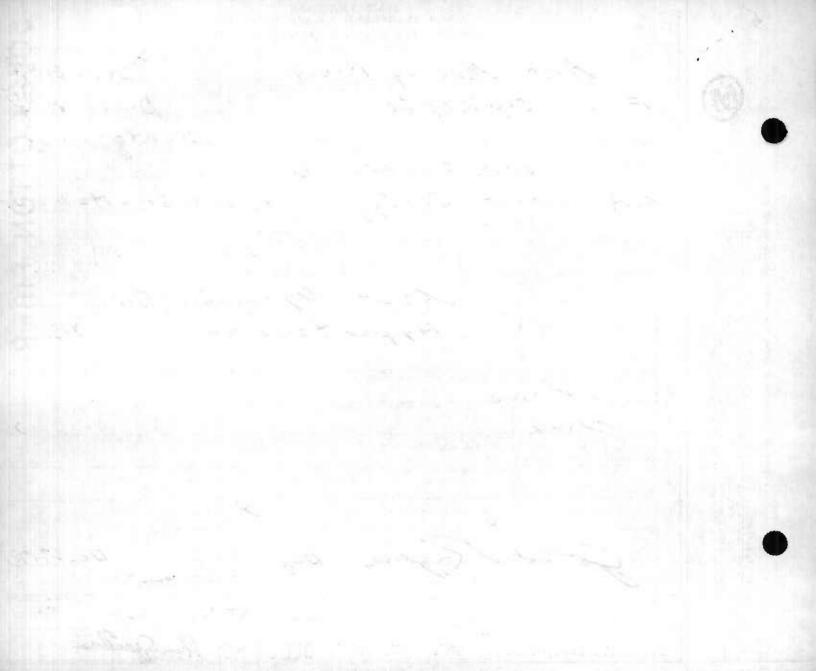


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. Catherine I. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED Roberts DIRECTOR. OUR FILES. HOU! Anna 19 81 SEX 4. RACE 6. AGE (IN YEARS IF UNDER TYR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 81 White DEAD 29. 1904 Female Feb. YRS 19 WINE 7a. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 5 FOR Pennsylvania MARRIED NEVER MARRIED USA WIDOWED TO Montgomery County DIVORCED PAGE 5 PEFILED, W IE CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Self employed WITH FORM PM 3. RETAIN P.
T. PAGES I AND 2 SHOULD BE DIVISION OF VITAL RECORDS, Silver Spring 12715 Flack Street Dance Studio USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Silver Spring Maryland Montgomery 12715 Flack Street NO [FORM PM 3. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Nicholas Erickson Weber Anna 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO 6908 Keats Court, IYES, NO, OR UNKNOWNI 161-16-4335 William G. Roberts-Rockville, Md. 20855 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL ef medical examiner along w ed as a burial-transit permit. Health and mental hygiene, d al, cremation, or removal. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF chronic myocardial disease. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION None 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, 6 YES [None NO V BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 AGE 3 SHOULD E HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE AT WORK NOT WHILE AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. MARYLAND, 220. I certify that I took charge of the remains described above, held an Autapsy death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) DATE 12/2/81 AFTER DEATH, Deputy SIGNATURE BALTIMORE, MEDICAL EXAMINER Seminary Road er Spring, Montgomery, Md. John S. Rogers, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Montgomery Md. 12-4-1981 Parklawn Cemetery Rockville BP 24. FUNERAL DIRECTOR 11800 New Hampshire 250 DATE REC'D. BY REGISTRAR **DHMH-17** Ave., S.S. Md. Hines/Rinaldi Funeral Home (VR A15 ME (5) 15M 2/80

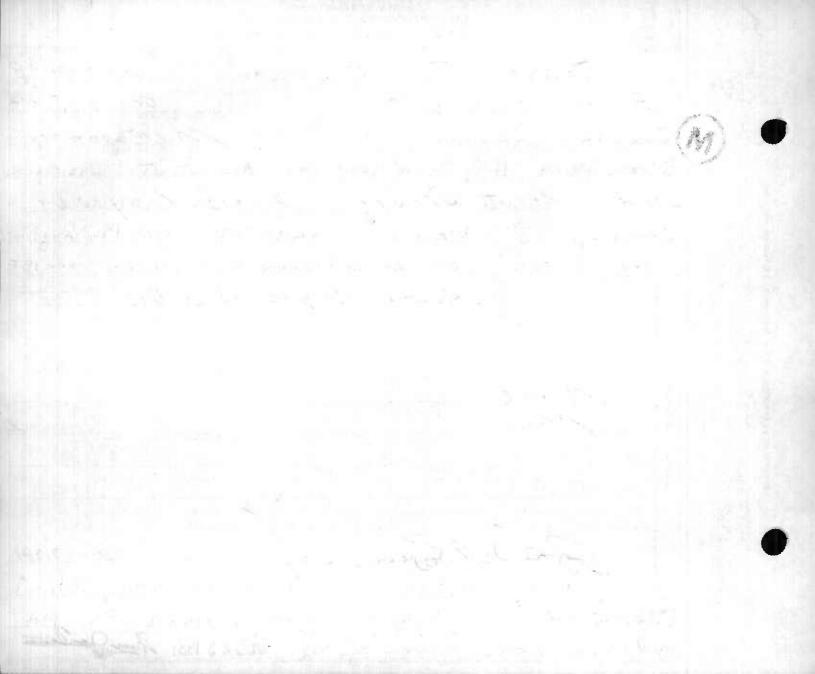
STATE OF MARYLAND

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AAM STIFF RYL		death resulted fram: Natu	al causes . Accident . Suicide . Hamicide . Undetermined manner	□ .
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ZHE SHE		SIGNATURE	M.D. MEDICAL EXAMINER	SIGNED CC 27/781
AND SER DE	-	EXAMPLES NAME	JOHN S. ROGERS 1919 SEMINARY R	OAD, SILVER SPRING, MD.
TO MEDICAL I EXECUTE THE PAGE 4 SHOUT TO FUNERAL AFTER DEATH,	22 - 5	(TYPE OR PRINT)	ADDRESS	
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ôu (CM)	3. SEX	ginus Hudo	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)	es 3,1981 9 PM AY) IF UNDER 1 YEAR IF UNDER SHRS
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AND 215	USUAL RESIDENCE (IF NURSING 130. STATE 131	COUNTY P. T. 13c. CITY	OR TOWN MAR Park 13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1101 Lancas	ter Rd.
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rimore, or execut	160 WAS DECEASED EVER IN (YES NO OR UNKNOWN) (YES NO OR UNKNOWN)	MES CIVE WAR OR DATES	al security no. 17 Informant 9-32-9998 Virginius	ADDRESS H. Rodes Jr.	3603 Cunningham Dr. Ber Wyn Heights, Md.
DS, 201 W. PRESTON ST., BAI quires that the death certificate signed by the attending physic hen please remove carban pape to burial, cremation, or removal. tiury, or other traumatic event, the	Canditians, if any, we gave rise to immediate (a), stating underlying cause	DUE TO, OR AS A CO	bisatory Failure NSEQUENCE OF In death, mit	anction. embolism emhal DISEASE OR CONDITI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART LIG
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OR he he borber Dorker If Her	27% SIGNATURE	P- Kama	CAT MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED (2/3/8)
HOS Bined FUN PORT	10 NY P	(TYPE OR PRINT) KANNAH	22e ADDRESS	16 th st	5.5. MB 20910
ρ	230. BURIAL, CREMATION, REA	23b. DATE 12-4-81	23c. NAME OF CEMETERY OR CREMATOR Georgetown Med. Sc		ton, CONIC. STATE
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(VRA 15, 4)	Metropolitan	Funeral Service	ODRESS Alexandria. Va.		- CONTRACTOR OF THE PARTY OF TH

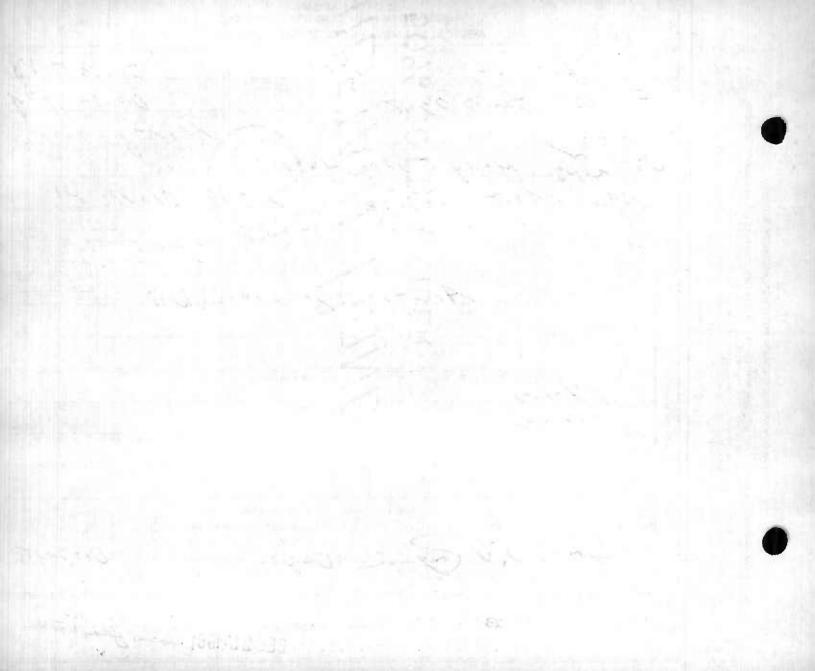
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Removal 12-4-88 Georgetsen Med. School fundingson, g.C.
Retrovoliesn runeral Service, elemendria, Ve.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 20. DATE (TYPE OR PRINT) OF ESTI-Fredericka DEATH MATED Louise Root 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED m30 DEAD 7a. BIRTHPLACE **BALTIMORE CITY OR** MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash.D.C. USA WIDOWED DO DIVORCED man CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! SHOULD BE I Housewife ISUAL RESIDENCE 13g. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS AND 2 SH 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM MIDDLE LAST FIRST MIDDLE Chamberlain Fredericka Uppermon John W. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Frederick Rd. 17445 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ruth Baisey (Daughter) Mt. Airy, Md. 40 9995A ALONG WITH I 216 None CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ED AS A BURIAL TRANSIT PERMIT.
HEALTH AND MENTAL LOCATIONS BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PENDING" PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION USED AS 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED

AFTER DEATH, WITH THE STATE DEPARTMENT OF HE
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES 🔲 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIG HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM ETC.1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22e I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry Homicide Undetermined monner Notural couses Accident TITLE (SPECIFY) MEDICAL EXAMINER Seminary Rd.S.S.Md. John S. 1919 Rogers **ADDRESS** 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Washington, D Buria1 250. DATE REC'D. BY REGISTRAR TO REGISTR 24. FUNERAL DIRECTOR **DHMH-17** Hines/Rinaldi F.H. 11800 N.H. Ave. S.S. Md (VR A15 ME (5)) T5M 2/80



Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR

26. HOUR

Adams

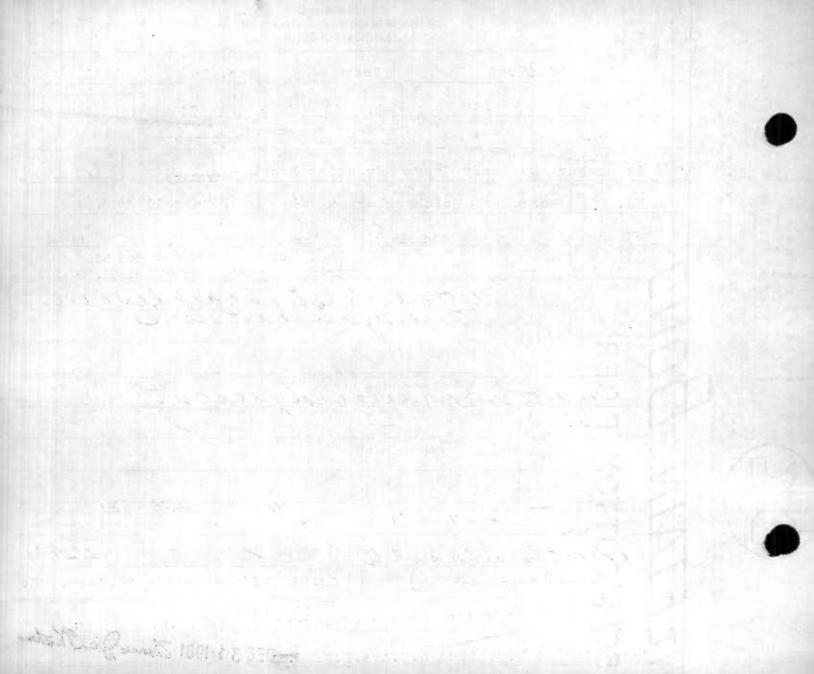
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IF UNDER 24 HRS



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L		REGISTRAR		MEI	DICAL EXAMIN	IER'S	ERTIFICATE C	F DEATH	REG.	NO.		
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ı	11112	Mer	riga	le			Ryan	DE		<u>12</u>	18,, 81	
	. SEX	4. RACE	5. DAT	E OF BIRTH	YEAR LAST BIRTHE		DER 1 YR. IF UNDER	24 HRS. 2c. D	ATE	MONTH	DAY YEAR	2d. HOUR
	1	female white		13.		RS. MONT	AS DAYS HOURS	MIN PRON	OUNCED	12	18 19 81	11:0
7	a. BIR	THPLACE (STATE OR EIGN COUNTRY)	7b. CIT	IZEN OF WI	IAT COUNTRY?	Ti.	ED NEVER MARR	9. BAI	TIMORE CITY	OR COUN	TY OF DEATH	AM
		exas	Uni	ted S	States	WIDOW			Monto		C	AAD
1	D. CIT	Y OR TOWN OF DEATH	11. NA	ME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a USUAL O		OMERY		JSINESS
	B	lethesda		Vation	al Institu	te of	Health	Home	working Life)		Home	кт
U I	SUAL Ja. ST	RESIDENCE (IF IN NURSING HOM	INTY		RESIDENCE BEFORE ADMISS	ION)	13a. INSIDE CITY LIMITS?	III STREET AF	DRECC			- X- E-
		linois Whi	tesi	de	Sterling		YES A NO	1704	Long	Cour	t	
1	4. FA	THER'S NAME	MIDDLE		LACY		15. MOTHER'S MAIDE	NAME	WIDDLE		LAST	
	M	lerritt			Davis		Thelma		MINNE		Clark	
i	6a. W	AS DECEASED EVER IN U.S. A	RMED FO		166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRE	SS		
	No		VE WAR OR D		Not Avai	labl	e John I	Ryan, S	same a	s #1.	3	
	T	18 CAUSE OF DEATH (Enter of	anly ane c	ause per line	far (a), (b), and (c).)						APPROXIMATE BETWEEN ONSE	E INTERVAL
		PART I DEATH WAS CAUS	ATE CAUS	SE (a)	Seizure Die	orde	r				BETWEIN ONSE	T AND DEATH
		1803		DUE TO, OR	AS A CONSEQUENCE	OF						
,	-	Canditians, if any, which		(b)								
		cause (a) stating the under lying cause last.	<u>r</u> -	DUE TO, OR	AS A CONSEQUENCE	OF						**
ı				(c)								7.1
	MEDICAL CERTIFICATION M. W. O. O. U. PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBU	TING TO DEATH E	UT NOT RELATED TO THE TERM	IINAL DISEASI	DR CONDITION GIVEN IN PA	RT 1 (a).					
	ē.	19a. DATE OF OPERATION		IRE CONDIT	ION FOR WHICH OPER	ATIONINA	AS DEDECODATED?					
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	0 1	UNDERLYING OR		HOUR A.M.	MONTH DAY YEA	2	211 HAJORI OCCURRE	D (SMIER NATURE)	AL INSURT IN 11FW	ISPAKI I OR PA	KI ZJ	
1	200	CONTRIBUTING CAUSE OF		P.M. 21e PLACE C	19 F INJURY (AT HOME	216 100	CATION		11			
	WE				DRY, FARM, ETC.)		TREET	CITY C	OR TOWN	cc	YTAUC	STATE
		AT WORK AT WORK										
		220. I certify that I taak cha	rge af the	remains desc	ribed abave, held an	Autap	y XX Inspectial	n . Inq	uiry 🔲,	and in my a	pinian	
		death resulted fram	ural coupe	" X.	Accident . Su	icide	, Hamicide	Undetermine	d manner].		
		ACTUAL AT	1	-			TITLE (SPECIFY)			5.4**	10.43	0.403
1		SIGNATURE	1	7616	200	M	D. Assistan	TE MEDICAL E	KAMINER	DATE	ED 12/1	9/81
-	-	EXAMINER'S NAME	~		0 1 110						0.000	
L		(TYPE OR PRINT)			Guard MD		ADDRESS 111 PE			Ito.M	21201	
2	Ja. BÜ (SP	RIAL, CREMATION, REMOVAL			23c. NAME OF CE			23d. LOCATIC	٧	cou	INTY ST	TATE
-		Burial	23,					Ste	cling.	111:	inois	
2		NERAL DIRECTOR Robe		ADDRESS	phrey Fu	nera	1 250. DATE F	REC'D. BY REGIS	TRAR 255	EHSTRABIS	MONAS OF THE	in.
	H	omes. P.A.	beth	esda.	Marylan.		1111	L 4 4 13	UI	11	- The second second	-

STATE OF MARYLAND

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completely filled in by the funeral di

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	Ī	3	2	8	2	6

		REGISTRAR				CERTII	ICATE OF DEATH	REG. N	10.		
		CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
			JEAN		BLOOM	SA	DEL	DECEMBER 1	11, 1983	1	11:52 a
	3. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		FEMALE		CAUC		FEBRU	ARY 23,1915	66	YRS.	VINS	HOURS MIN
-		RTHPLACE (STATE			WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
>		NNSYLVANI		USA		WIDOWE	DIVORCED	MONTGOMERY		Y	ME
7	BET	THESDA		NATION	AL NAVAL	MEDIC	AL CENTER	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWI	OF WORKING LIFE)	12b. KIND C	OF BUSINESS OR
)	FI FI	LORIDA		NTY	N. MIAMI		13d. INSIDE CITY LIMITS? YES NO X	Drive. N.			
3	JC	THER'S NAME FIRST DSEPH		MIDOLE	BLOOM		DORA DORA	MIDDLE		GOLDBE	
1	(7)	AS DECEASED EV		MED FORCES?	166 SOCIAL SECU			3701 N. COL		UB DF	RIVE
	N	10			196-07-4	872	JACOB SADEL:	N. MIAMI, I	LORIDA	3318	30
1		18 CAUSE OF DE	LANGE CALLER	D DV	line for (a), (b), and					BETWEEN	ONSET AND DEATH
1		PARTI. DEATE	IMMEDIA"	TE CAUSE (0)I	LUNG CARC	INOMA					
1		163	9	DUE TO, OI	R AS A CONSEQUE	NCE OF					
ı		Conditions, 11 o		(b)							
1		couse (o), sto	oting the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	L			(c)							
١	z	PART 2 OTHER S	IGNIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN	IN PART 1	0
+	AT 10	19g. DATE OF OPE	RATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, V	VEDE EINIDII	NCCHISED
	CERTIFICATION	74. 5412 61 612		1,0 001101	HON TOK WINCH	OI EKATIO	N WAS TENTONNED	YES NOT		NG CAUSES	OF DEATH?
1	E E	21a. ACCIDENT WAS				V VEAD	21c. HOW INJURY OCCURR	- 23	,		A
1	¥.	OR CONTRIBUTING	age?		M, MONTH DA M	Y YEAR					
ı	MEDICAL	21d. INJURY OCC		21e PLACE			211. LOCATION	CITY OR TO	NAME	COUNTY	STATE
1	2	WHILE NOT	WHILE WORK	(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	SIREEI	CITTORIC	, , , , , , , , , , , , , , , , , , , ,	COUNT	STATE
ı	1	220.1 certify that	(1) (this hospi	tal) prended the	MBER 19	2AUGU	ST 19.81	to 11DECEM	BER 19.	81	that (I) (we) lost
ı		sow the dece obove, (1) (we	osed plive on (did) (did)	t) view the body	ofter death.	01, on	d that in (my) (our) opinion d	eoth occurred on the d	ate and hour a	nd from the	couses stated
		226 SIGNATURE	2	17	201	00 1	DEGREE	FINERIA LET		22c. DATE	
		G	-aury	C. 0	4000	1116	ATTENDING PHYSICIAN	MEDICAL STA		120	-11-81
		224 PHYSICIAN'S	NAME (TYPE C	OR PRINT)	La Part		22e ADDRESS			11 11	
		G. SL	ADEK,	LCDR, MC	C. USNR		NATIONAL NAVA	L MEDICAL	CENTER.	BETH	ESDA. MI
	23a. Bl	IRIAL CREMATIO	N PEMOVAL	23b. DATE	23t N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(5	Buria	1	12-13-	81 Kir	ng Dan	rid Mem. Garde	n Falls C	hurch.	Virgi	nia STATE
	24 FU	NERAL DIRECTOR			Ro	ckvi	Le, Md. 25a DATE	REC'D. BY REGISTRAR		R'S SIGNAT	Light
	DAI	NZANSKY-(GOLDBEI	RG CHAPE	LS; 1170	ROCK	TILLE PIKE DE	215 1981	home	James	laster

DECIL

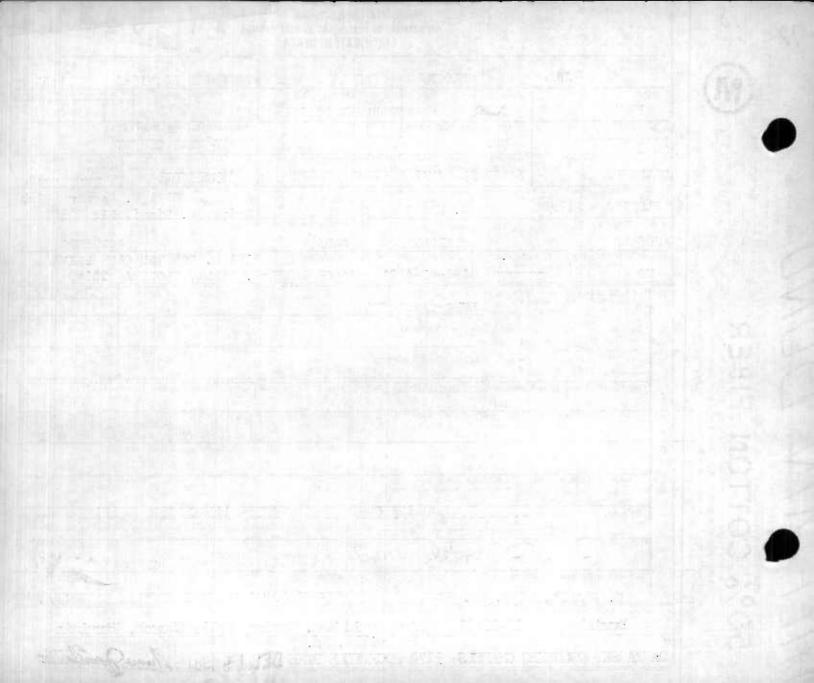
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

IMPORTANT: If them 21 is

should be detoched for use as the burial-transit permit. Then please remove corbon papel with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. injury, or other traumotic event, th



STATE OF MARYLAND

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injury, or other troumatic event, the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 2 8 2

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO			
		CEASED NAME OR PRINT)	FIRST MILL		R.	SARGE	NT		DE CE	OF DEATH MO		1981	9:42PM
Ì	3 SEX	MALE		RACE	TĒ	5 DATE C		85		YEARS LAST BIRTHDA		IF UNDER -EAR	IF UNDER 24 HRS
3		RTHPLACE STATE OR FO		MSA MSA	VHAT COUNTRY	? 8 MARRIE WIDOWE		MARRIED		ore city or o	COUNT	Y OF DEATH	MD
7	10 CI	OLNEY	TH 1	(IF NOT IN SUCH	OSPITAL, NURSE FACILITY, GIVE STREE OMERY	T ADDRESS]		SPITAL	120 USUAL (TYPE OF WOR	OCCUPATION RK EOR MOST OF W	ORKING L	IFE) INDUSTRY	Govt
5	130 S M A	ARYLAND	XXXXX	HOWAR	CIVE RESIDENCE BEFO	¥	YES X	CITY LIMITS?	13e STREET	WXXXXX	WAS	CHANAXAKA	裕
(THER'S NAME XXXIIXX The	omas S	argent	SAVA	GE	Loue	I Rog		WIDDLE		e-Gullio	rd Road
2			IN U.S. ARM		220-44-		Lois	William	nd same	address as ab			
	NOI	18 CAUSE OF DEATH WART I. DEATH WART I. DEATH WART I. DEATH WART ONLY THE COUSE OF THE SIGN PART 2. OTHER SIGN	which mediate g the last.	DUE TO, OR DUE TO, OR DUE TO, OR (c) DONDITIONS CO	AS A CONSECULAR AS A CONSECULAR NTRIBUTING TO	DEATH BUT	NOT RELATE	23	cles	SE OR CONDIT	ION GI	Yea	IMATE INTERVAL ONSET AND DEATH
2	MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER. NOTHER MEDIC. 21d. INJURY OCCURR WHILE AT WO 220. 1 certify that (I) Sow the decease	EAUSE OF DEAT AL EXAMINER) RED HILE (this hospite ed olive on	216 TIME OF HOUR A.A. 21e PLACE C (AT HOME, STRI	A, MONTH (A. OF INJURY EET, FACTORY, OFFICE deceased from	DAY YEAR 19 E, FARM, ETC.)	211 LOCAT STREE	NJURY OCCURI	, to	NO E III	N CERT Y N ITEM 18.	COUNTY	OF DEATH? NO STATE

226. SIGNATURE

DEGREE

DIRECTOR ATTENDING PHYSICIAN

STAFF PHYSICIAN [

Bel Pre Road

22c DATE SIGNED

20853

22d. PHYSICIAN'S NAME (TYPE OR PRINT) SOL SHAZ, M.D.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Rockville. 23c NAME OF CEMETERY OR CREMATORY
. Savage Cemetery

Maryland 23d. LOCATION MAryland

STATE

BP. 24 FUNERAL DIRECTOR

Donaldson Funeral Homes, Laurel, Md

Dec. 11,1981

250. DATE REC'D. BY REGISTRAR 250. DECISTRAR SIGNAL TIME.

DHMH - 16 60M 1/75 (VRA 15 (4))

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priar to TO FUNERAL DIRECTOR: After this certificate has bee

PHYSICIAN: The

MPORTANT: If them 21 is morked or them 18 shows ony

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Market and the second	
	Little Complete and Leading

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ATTENDING PHYSICIAN

NATNAVMEDCEN, BETHESDA MD

DEGREE

DEC and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

81

STATE

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED 12.23.8

FUNERAL

MPORTANT

ld b

£

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

22b. SIGNATUI

24 FUNERAL DIRECTOR BARRANCO FUNERAL HOME, SEVERNA PARK, MD 21146

DEC

220.1 certify that (1) (this haspital) attended the deceased from

above, (1) (we) (did not) view the body after death.

sow the deceased give on_

22d PHYSICIAN'S NAME (TYPE OF PRINT)

K.C. KARVELIS, LT.

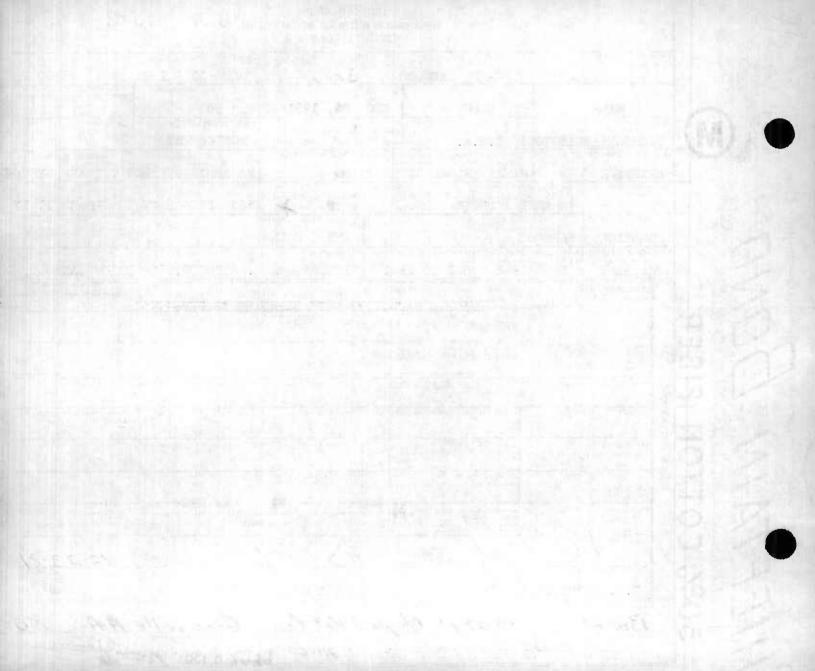
23

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION

GNATORE



3. SEX Male White S. DATE OF BRTH S. POPT. 26, 1897 B. BIRTHPLACE (STATE OF FOREIGN PENDAY AND AND AND AND AND AND AND AND AND AND	SEX S. DATE OF BRITH S. DA	-	1	FOR STATE REGISTRAR		DEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	YGIENE 8 REG. NO	3 2 0	1 2 9
J. SEX Male White Sept. 26, 1897 BARROYS NEVER MARRIED JA BIRTHPIACE (STATE OF BIRTH MONTH) JA BIRTHPIACE (STATE OF FORTH) POINT BY LAND JA BIRTHPIACE (STATE OF FORTH) POINT BY LAND JA BIRTHPIACE (STATE OF FORTH)	S. SEX Male Male White Sept. 26, 1887 8. AGE (INSTANS LASS BIRTHOLAY) Male	MA)		F OR PRINTI	/ 1	WIDDLE	LAST .	20 DATE OF DEATH M		2b HOUR
Male white Sept. 26, 1897 84 9RS DATE DATE DATE DATE DATE DATE DATE DATE	Male white Sept. 26, 1847 84 785	NI)	2 55			L.	AXTON	DEC		1 12 3500
BRITHPLACE (STATE OF FOREIGN P. CITIZEN OF WHAT COUNTRY) BARRIED WONDER WONDER COUNTRY OF DEATH MONT COUNTRY OF DE	BERTHPLACE (1324 DATE OF DEATH USA DECITIZEN OF WHAT COUNTRY) BARRIED WIDOWED DWORCED WIDOWED		3 30			MON	TH DAY YEAR		MONTHS DATS	
THE CITY OR TOWN OF DEATH Takoma Park 10. IN AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IFFO WORKING WAS TO WORKI	IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 178 KIND OF BUSINESS OR PART IN COUNTY 178 KIND OF BUSINESS OR THE NOTITION OF BUSINESS OR THE NOTITION 178 KIND OF BUSINESS OR PART IN COUNTY 178 KIND OF BUSINESS OR THE NOTITION OF BUSINESS OR THE NOTITION OF BUSINESS OR THE NOTITION 178 KIND OF BUSINESS OR THE NOTITION	÷75	8	COUNTRY		MARRI		9 BALTIMORE CITY OR	COUNTY OF DEATH	WL
196 STATE TO COUNTY 136 CITY DRIVEN 136 CITY LIMITS? 136 STREET ADDRESS 136 STATE 136 STATE 136 STATE 136 STREET ADDRESS 137 STATE 137 STATE 138 STREET ADDRESS 139 STREET ADDRESS 138 STREET ADDRESS 138 STREET ADDRESS 139 STREET	BUSINE RESIDENCE IF MURBOR POOR OF CIPTER INSTITUTION ON A REPORT STATE 136. STATE	71	1		(IF NOT IN SU	ICH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION	IN 126. KIND	
14 FATHER'S NAME MODIE LAST SAXTON MATU Shatcer	14 FATHER'S NAME MIDDLE LAST SAXTON MATLY Shatcer	35	13a.		OR OTHER INSTITUTION	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		ryency
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 714-07-9347 Robert Saxton-Son- Robert	18 CAUSE OF DEATH lEnter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH lEnter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH lenter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 19 CAUSE OF DEATH lenter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH lenter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH lenter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH lenter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH lenter only one course per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 19 CAUSE OF DEATH CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.(a) 19 CAUSE O	34	14 F.	ATHER'S NAME FIRST		LAST	15 MOTHER'S MAIDEN N	MIDDLE	Sha	asi Utcer
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	1	FOR STATE REGISTRAR	DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	3 2 3 3 0
t 3	(TYP	CEASED NAME FIRST	MIDDLE	Sch	rack	December	13, 1981 11 AM
		Male	White	5. DATE O MONTH Dec	E BIRTH NEAR NEAR 1905	6. AGE (IN YEARS LAST BIRTHDAY)	
1 469	N	IRTHPLACE (STATE OR FOREIGN COUNTRY) ebraska	76 CITIZEN OF WHAT COUNTR	WIDOWE		Montgomery	NTY OF DEATH
Total the second	10	akoma Park	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Vashington A	Advent		Operating E	
4 14 47	1	D. C.	HER INSTITUTION GIVE RESIDENCE BEF 13c. CITY OR TO Washin	OWN .	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 3629 Bango	r Street, S.E.
ompletel ond 2 s		ATHER'S NAME EIRST Martin	MIDDLE LAST Schack		15. MOTHER'S MAIDEN NA EIRST Johann	.a	?
be execu		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G NO	IVE WAR OR DATES)		17 INFORMANT Elva R. Sc	hack, Wife,	Same as Above
ING PHYSICIAN: The low requires that the death certificate be executed within strong physician. After this certificate has been signed by the attending physician and completely little in the strength of the buriol strong permit. Then please remove corban papers. Pages 1 and 2 shirtle at the and Mental Hygiene prior to buriol, cremation, or removal. Onked or Item 18 shows any injury, or other troumatic event, the medical examinar methods orked or Item.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSEC	MUL DUENCE OF	lliple m	Selfue In al disease or condition	GIVEN IN PART 110
he low recon. hos beer t permit. iene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	200 AUTOPSY? 200. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
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TEND of tol or USE or USE of Heol	W	WHILE AT WORK	(ATHOME STREET, FACTORY, OFFICital) all ended the electronic from 19 E 19 view the bady after death.	8 one	that in (my) opinion of	eoth occurred on the dote and	. 19 . that (I) Worlost hour and from the couses stated
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched fit with the Stote Dept. or IMPORTANT. If them 2		TZE PHYSICIAN STANK (100)	alek MS	(U)	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/13/87
BP	23a	BURIAL, CREMATION, REMOVAL SPECIFY Burial			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY MA STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	INERAL DIRECTOR	E Wilhelm ADDRESS	4308 5	ncoln Cem. Uitland	Brentwood, e rec'd. By registrar	P.G.,

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Pumphrey

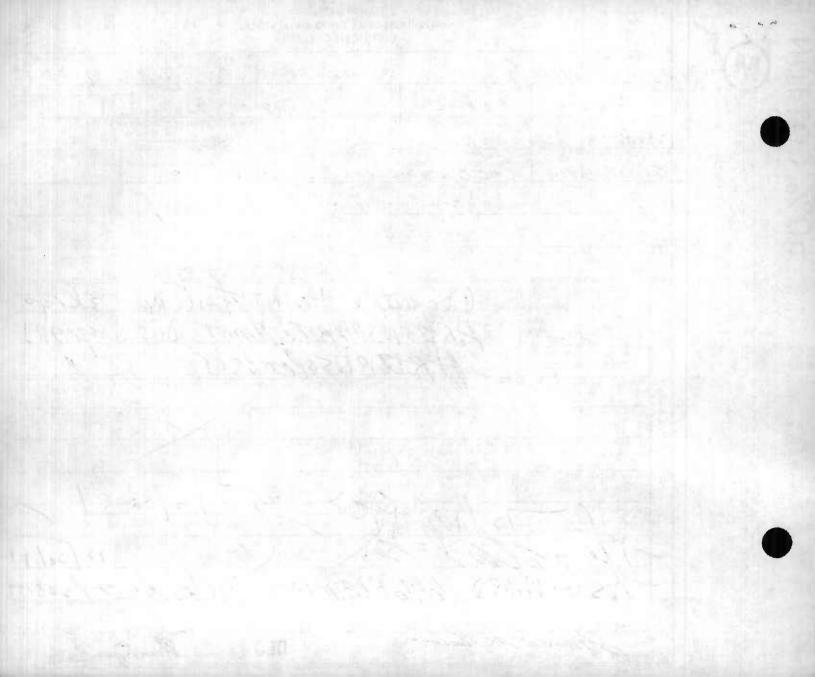
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DHMH - 16 50M 1/81 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

CERTIFICATE OF DEATH

REG. NO



this certificate has been signed by the attending physicia

r use as the burial-transit permit. Then please remove carbon pape Health and Mental Hygiene prior to burial, cremation, or removal

injury, or other troumatic event, th

marked or Item 18 shows any

STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25s DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

La Thomas

	REGISTRAR				CERTIF	TORIL O	PEATH		REG. N	O.			
	DECEASED NAME	FIRST	N	NIDOLE	10.5	EAST		20. DATE OF	DEATH	MONIH	DAY YEA	2 2b H	HOUR
E.		ERESI	Δ	SCHALL				DE	C 21	1981		5.1	26 P M
3.	SEX		4 RACE	БСЛЕНЬ		OF BIRTH		6 AGE INY			- IF UNDER 1 YE	EAR IF U	NDER 24 HRS
L	FEMALE	Elm)	CAUC		JU	L 21	1909	72		YRS.	MONTHS DA	IYS HOU	JRS MIN.
70	I. BIRTHPLACE (STATE OR I	OREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVE	RMARRIED -	9 BALTIMO	RE CITY C	R COUNT	Y OF DEATH		
1	YUGOSLAVIA		U.S.A		WIDOW		DIVORCED [MONT	GOME	Υ			MD
7 10	CITY OR TOWN OF DEA	ATH :	IF NOT IN SUCH	OSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)		ISTITUTION	120 USUAL C			126 KIN INDUST		SINESSOR
4	BETHESDA SUAL RESIDENCE (IF NURS	NG HOM OR		DCEN BET		MD		HW					
113	Ba STATE	13 FOUN	ITY	13c. CITY OR TOW		134 INSIDE	CITY LIMITS?	13e STREET					
4	MARYLAND	ANNE	ARUNDEI	GLN BU	RNIE	YES X	NO 🗌		EST C	T, GI	EN BU	RNIE	
	FATHER'S NAME		мюрье МАТ	HIS			R'S MAIDEN NAI FIRST SARETA	ME	WIDDLE	WEVE	'P	LAST	
16	WAS DECEASED EVER		MED FORCES?	1347 A 34 U	R4 1618				ADDRE		710		
	(YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	234-42-8			ESIA FRA	NCOIS	207	ANNAF	POLIS S	ST, A	NNAPOI
	18 CAUSE OF DEAT	H (Enter onl	ly ane cause per l	line for (a), (b), and	I (c1.)						BETWE	EN ONSET	AND DEATH
L	PART I. DEATH WAS CAUSED BY: CARDIO-RESPIRATORY ARREST CARDIO-RESPIRATORY ARREST												
	2028 DUE TO, OR AS A CONSEQUENCE OF												
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1 2	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE	ORCON	DITION GI	VEN IN PART	1(0)	
MOLEVICION		1011	V										
100	190 DATE OF OPERAT			ION FOR WHICH	OPERATIO	N WAS PERI	ORMED	20a AUTO	PSY?	106 IF YE	S, WERE FIN	DINGS L	JSED EATH?
1 5	14 DEC 1		BIOPS					YES 🔀	NO	Y	ES 🎦	NO	
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1.	220.1 certify that (1) (this haspital) attended the deceased from 25 NOV 19 81 to 21 DEC 19 81 that (1) (we) loss												
	saw the deceased alive an 21 DEC 19 81 and that in (my) (aur) apinion death accurred on the date and hour and from the above, (1) (sye) (did) (did not) view the body ofter death										the cause	s stoted	
1	77h SJGNATUSE	ia) (a)a nat	view the bady o	ffer death		DEGREE	1 1				122c D4	ATE SIGN	IFD
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73	e BURIAL CREMATION	-	TIR DATE	23c N	AME OF C	EMETERY O	CREMATORY	173£ LOCA	TION				77.7
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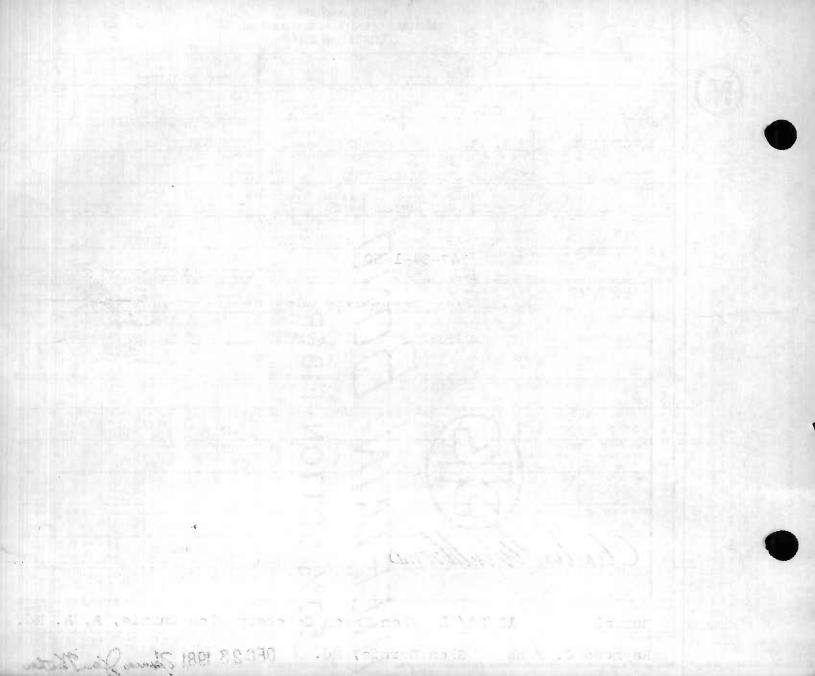
Glen Burnie, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

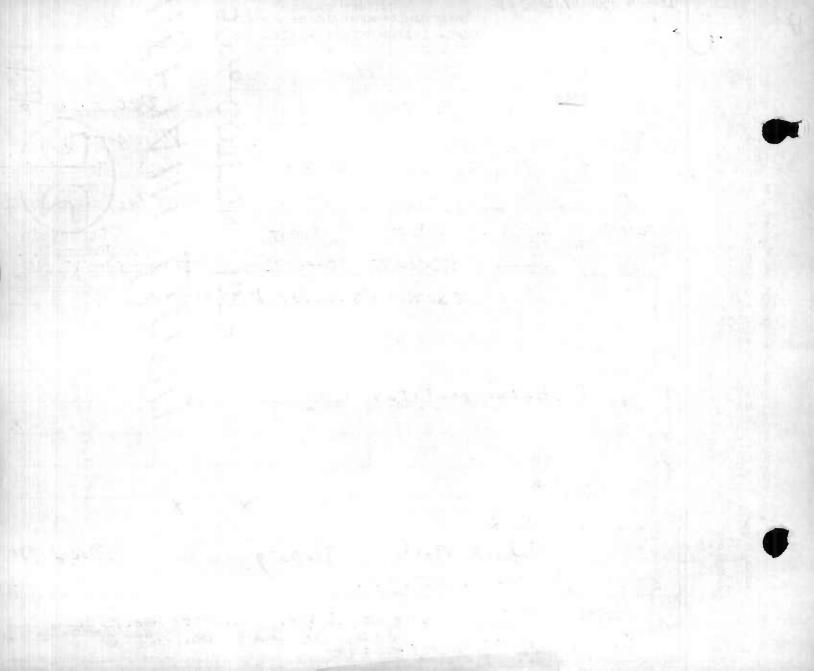
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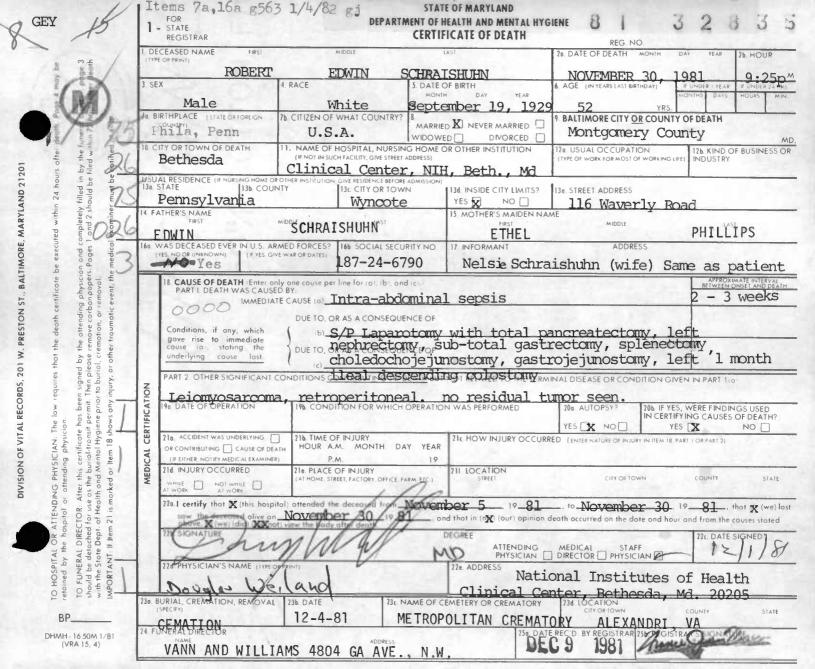
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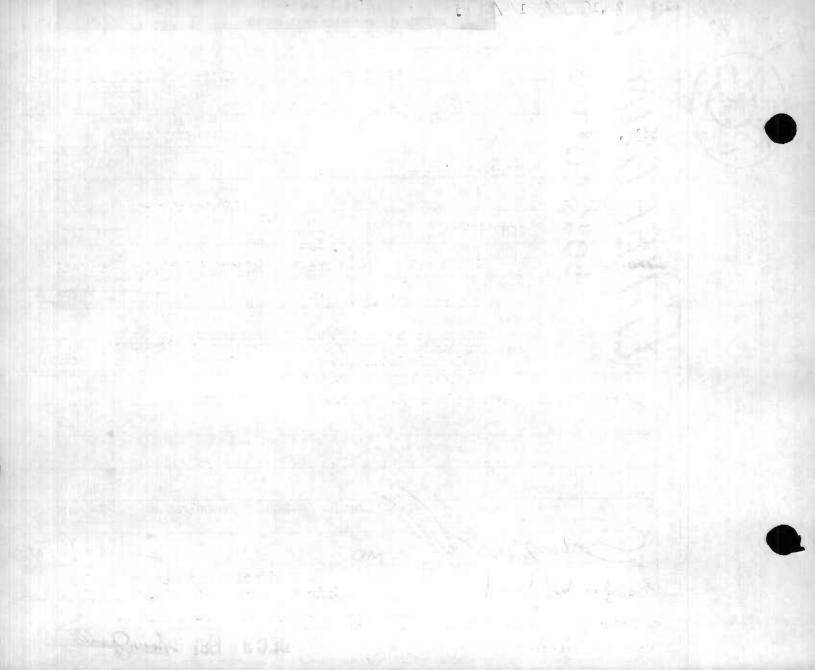


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1		13-	FOR STATE		DEPARTMENT OF HEAL			2334
14			REGISTRAR		DICAL EXAMINER'S	S CERTIFICATE OF	F DEATH REG. NO.	
E 237			CEASED NAME	FIRST	WIDDIE	LAST	OF ESTI-	MONTH DAY YEAR 26 HOUR
	NA SET		H	aron,	O Sch	eer	DEATH MATED	12 / 198/ 00
1771	多户 型支票	1. SE	4. RACE	5. DATE OF BIRTH		UNDER 1 YR. IF UNDER 2		MONTH DAY YEAR 24 MOUR
	Y SEE SEE	X	m Whi	02 15	04 77 YRS.	ONTHS DAYS HOURS	MIN. PRONOUNCED DEAD DO	C / 198/ 394
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	SE SE	15	Maryland	11	c 1	OWED DIVORCE		tamen us
	SHAMES .		TY OR TOWN OF DEAT	H II. NAME OF HO	SPITAL, NURSING HOME, OR C	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF	WORK 126 KIND OF BUSINESS
	SEE EST		· mont	Shoot in such F	CILITY, GIVE STREET ADDRESS)	therital	Owner (Ret)	Haberdasher
	SE SES	USU	LESIDENCE (IF IN NUR	SING HOME OR OTHER INSTITUTION, G		Augustal 1		praberdastier
MD. 21201	A CHORAGE	134.5	TATE MIN	31 COUNTY	13c. CITY OR TOWN	YES X NO	13e STREET ADDRESS	To know PL min
D. 2	F 5000	NA F	ATHER'S NAME	0.0.	1 / a Roma		NAME	Jakoma IK, MID
	#5.895//	1	Joseph	David	Scheer	15. MOTHER'S MAIDEN	MIDDLE	LAST
OR	335 360	16n \		N U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	Fanny 17. INFORMANT	ADDRESS T	Bornstein
BALTIMORE,	E SSS	[7	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)			C 0707 D	ashington, D.C.
	MITH MITH DIVIS	-			578-24-9657	David Filv	arof; 2/3/ Devor	nshire Pl., NW
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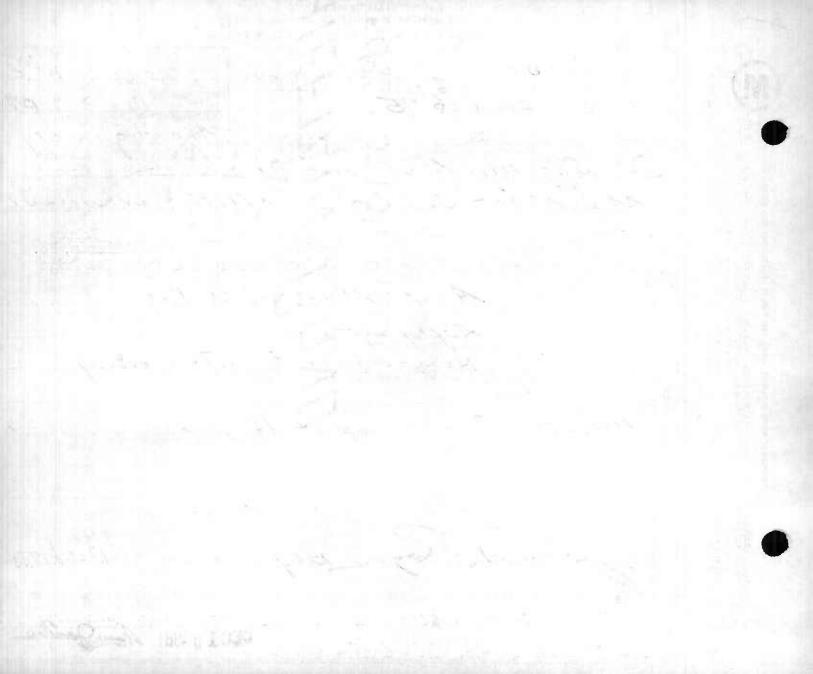






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MPORTANT:

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) ROSE 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR March 10, 1926 55 Caucasian Female To BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XXNEVER MARRIED United States New York Montgomery County WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION LIYPE OF WORK FOR MOST OF WORKING LIFE HOME 11410 Rockville Pike Homemaker Rockville USUAL RESIDENCE (IF NURIL COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 45-1C 192nd Street lew York Flushing Oueens YES X NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Teresa MIDDLE Sachek Andrew Krescanko 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES. NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 051-20-5371 Robert Schumann, Same as #13 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: ARDIOVASCULAR VAILUPE IMMEDIATE CAUSE (a) INFECTION Conditions, if ony, which gove rise to immediate cause (o), stating GENERALIZED CANCER underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES | NO IT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE sow the deceased alive an , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did did nat) view the 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

BP. DHMH-16 30M 2/80

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral (VRA 15, 4) Homes, P.A. Bethesda, Maryland

Dec

230. BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial 23c. NAME OF CEMETERY OR CREMATORY Mount St. Mary's Cem. Flushing,

22e ADDRESS

New York 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

RD. ROCHVILLE, MD20852

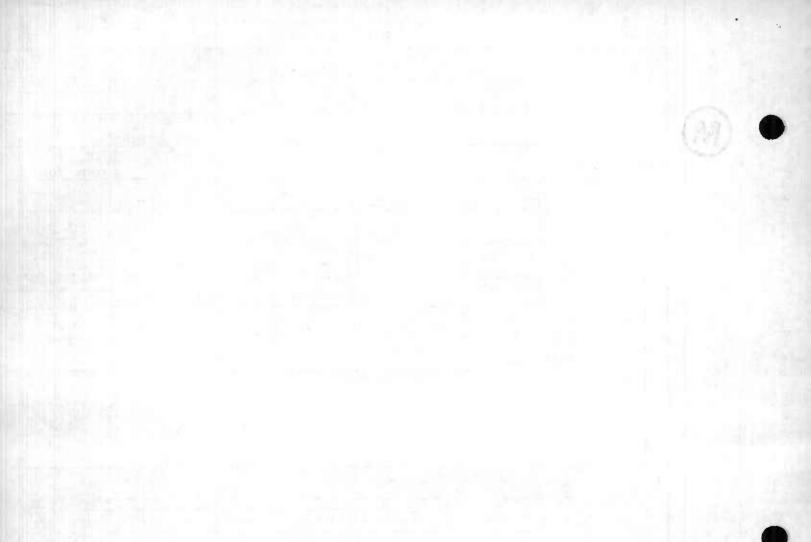
23d. LOCATION

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	1. DE	CEASED NAME FIRST		
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2000		Marga	aret Grace Schuster DEATH MATED [12-23,081 1254
B 1000	3. SE	X 4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. 2c. DATE	
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M MANAGER	100.	WAS DECEASED EVER IN U.S. AR YES NO. OR UNKNOWN) (IF YES, GIVE NO.	WAR OR DATES)	same as
SKET SE	-	NO	112-10-1728 Francis X. Schuster/Husbo	und/ 13e
MITH WITH PAG DIVISION		THE CAUSE OF DEATH (F-A-		
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## 4 M R S	2 -	EVAMINED'S NAME 7		
₹ 58 5 8		EXAMINER'S NAME John	G. Rogers ADDRESS 1919 Seminary Rd, Sil	ver Spring, Md.
TO MEDICAL E EXECUTE THE C PAGE SHOUNERAL D AFTER DEATH, A	23a, P	URIAL, CREMATION, REMOVAL		
Page 1	1	SPECIFYI	CITY OR TOWN	COUNTY STATE
A A 624				
0000 BP			12-28-81 Arlington Cemetery Arlington Ar	lington Virginia
0000 BP		UNERAL DIRECTOR		
0000BP DHMH-17 (VR A15 ME (5))	24 F	UNERAL DIRECTOR	ADDRES 1800 New Hampshire ADDRES 1800 New Hampshire Ineral Home Silver Spring Md.	

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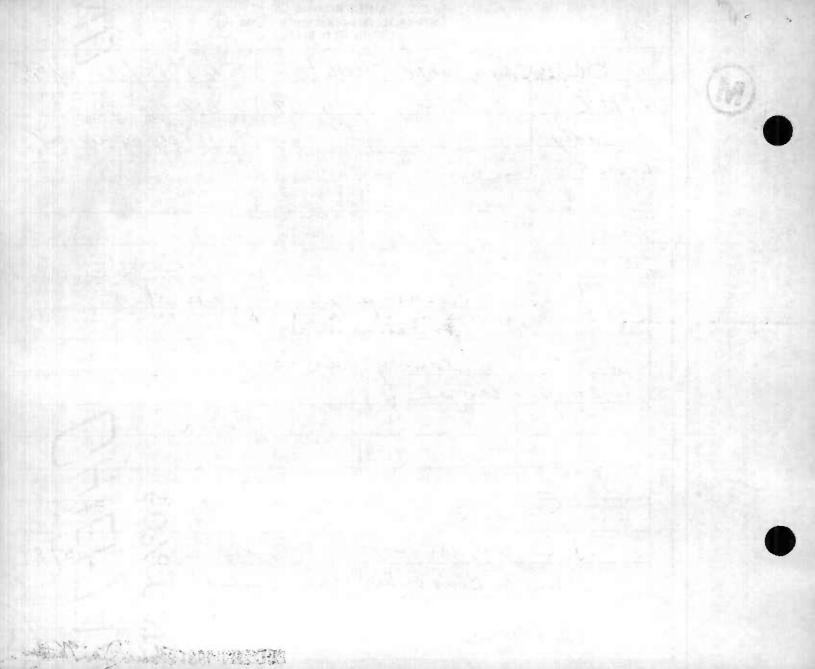
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH (TYPE OR PRINT) Clara Schweinhaut L. 1981 Dec. 10:40 N 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) DAYS Female White July 15 1893 88 To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia S WIDOWED Montgomery CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring 803 Gist Avenue Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Sil. Spr. 803 Gist Avenue Montgomer 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Redmond Nalls Alice James In WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT 803 Gist Ave. (YES, NO OR UNKNOWN) 1 / IF YES GIVE WAR OR DATEST 215-52-6934 Anne Marie Szpiech No Sil. Spr., Md 8 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) APPROXIMATE INTERVAL PART I, DEATH WAS CAUSED BY. Generalized Arteriosclerosis Yrs. DUE TO, OR AS A CONSEQUENCE OF CVA Multiple T.I.A.s gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION g prior 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 5 IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NOX NO [210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 1966 Dec 22a.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive on Dec . 81 a, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE ATTENDING 981 MEDICAL Should be detowith the State DIRECTOR PHYSICIAN MPORTANT PHYSICIAN Dec 22d. PHYSICIAM'S NAME (TYPE OR PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY STATE Olivet Cemetery Burial Washington, 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Howard & Blak ADDRES P.O. BOX 7428 DHMH - 16 60M 1/75 (VRA 15(4)) Warner E. Pumphrey, Inc. Sil Spr



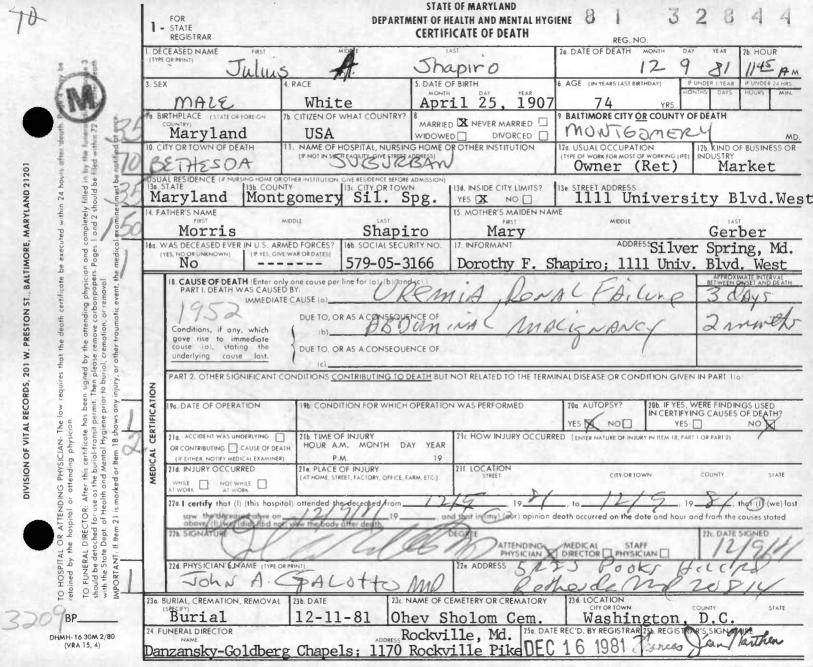
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

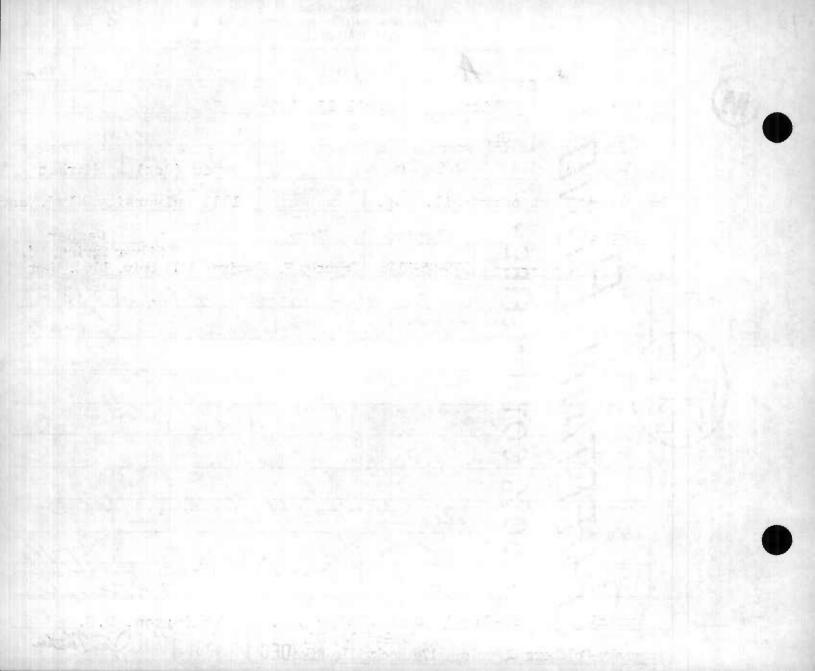
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ALTIN		18 CAUSE OF DEATH (Enter of		-48-155	Emma P.	Segato Sil	ver Spri	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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ron oth ce carb o, or r matic		1624	DUE TO, OR AS A COM		1	/		
PRES	- 9	Conditions, if ony, which gave rise to immediate	(b)	reum	oma			
by the oster of the other		couse (o), stating the underlying cause last.	DUE TO, OR AS A COM	NSEQUENCE OF	cance	1		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certi- after this certificate has been signed by the offending pass the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or ren orked at them 18 shows any injury, or other troumatic ew	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATA BUT		RMINAL DISEASE OR COM	IDITION GIVEN IN P	ART IIa
CORD requ	TION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OF BATIS	M	Lee AUXORSX2	Table 15 VEC MEDE	SNIS E L
L REC	CERTIFICATION	140 DATE OF OPERATION	W. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
VITA N: Th hysicio rensit Hygie 18 sho	CERI	21a. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ		
NOF SICIA ng ph certifi urial-tr lentol Item	CAL	OR CONTRIBUTING CAUSE OF D		19		BET I		
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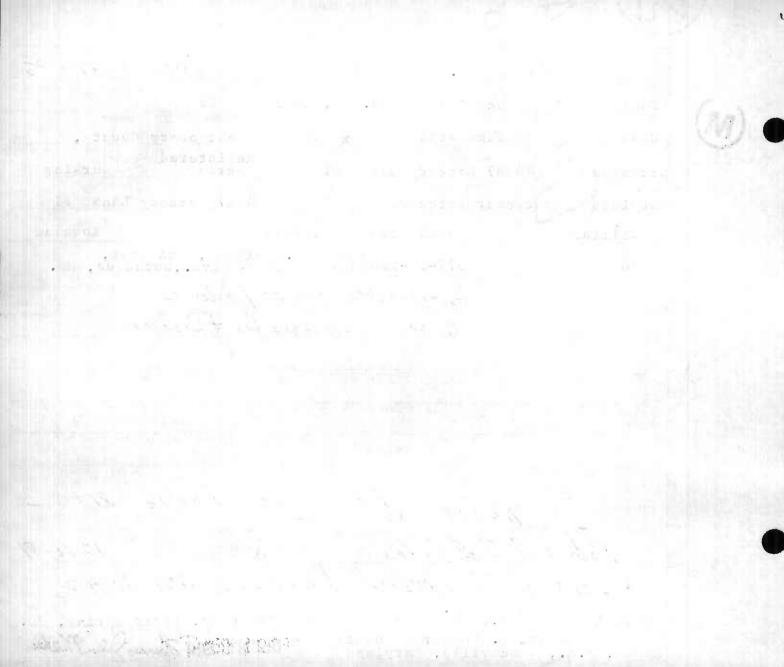


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE (TYPE OR PRINT) Si1k M. Anna 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) MONTH HOLIPS 1895 85 Dec. Female. Caucasian BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States WIDOWED TX Canada DIVORCED Montgomery County. IN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Registered ORKING LIFE INDUSTRY Bethesda 4887 Battery Lane Nurse Nursing JSUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4887 Marvland MontgomeryBethesda Battery Lane 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Celina Romaine Wadsworth 160 WAS DECEASED EVER IN U.S. ARMED FORCES Jean T. Holland, Daughter, No 6040 Bradley Blvd. Bethesda. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO [216. TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 711. LOCATION 714 INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on, and that in (my) war opinion death accurred on the date and hour and from the causes stated 22b. SIGNAL 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN * should be dete with the Stote IMPORTANT: 22e. ADDRE 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Dec. COUNTY > STATE .1981 Burial Gate of Heaven Cemetery Silver Spring 74 FUNERAL DIRECTOR Robert A. Pumphoney Funeral DHMH - 16 60M 1/75 (VR A 15 (4)) Rockville, Maryland Homes, P.A.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 2a. DATE KNOWN DECEASED NAME (TYPE OR PRINT) DEATH MATED AGE (IN YEARS | IF UNDER 1 YR. DATE LAST BIRTHDAY PRONOUNCED Male Nov. 15, 1894 Cauc. 87 YRS Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Pennsylvania United States WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH OR INDUSTRY Gaithersburg 13241 Ouery Mill Road Mill Worker U.S. Steel 1136 COUNTY 13a. STATE 13r. CITY OR TOWN 13d. INSIDE CITY HMITS? 13e STREET ADDRESS Maryland Montgomery Gaithershurg YES X NO [13241 Ouery Mill Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Not Available Simmons Available Not 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16h SOCIAL SECURITY NO. Henry E. Simmons, M.D., Son, 192-01-1184 Same as item #13 Yes WWI 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which 1. COTODZIY AS gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIA YES TO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OF TOWN COUNTY AT WORK AT WORK TO MEDICAL EXAMINER: THE VECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an and in my apinian death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Old Georgetown Road EXAMINER'S NAME John G. Ball, MD. Bethesda, Maryland (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Dec. Metropolitan Crematory Alexandria Vir Cremation 24. FUNERAL DIRECTOR Robert A. Dumphrey Funeral **DHMH-17** (VR A15 ME (5)) Bethesda, Maryland Homes. P.A. 15M 2/80

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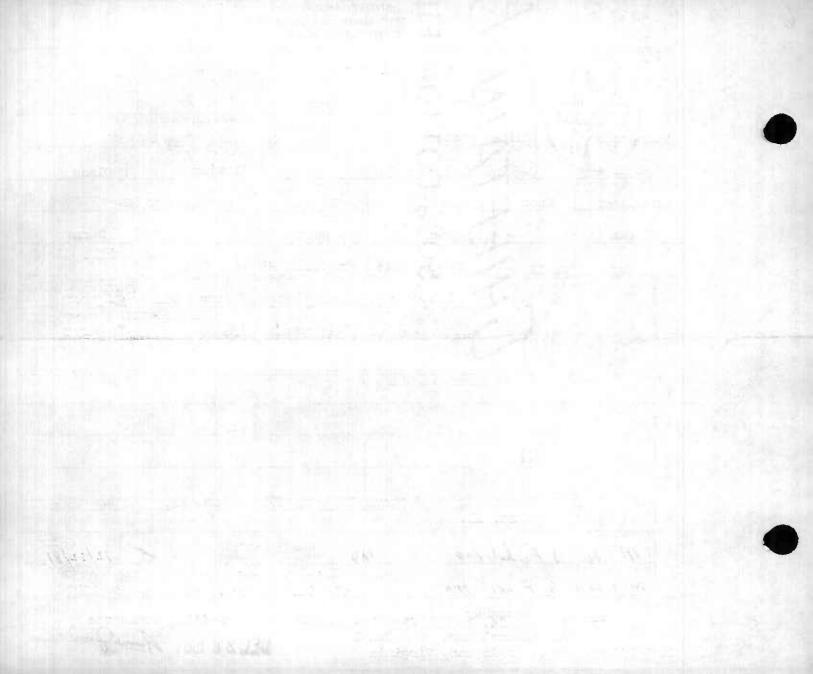
STATE OF MARYLAND FOR STATE

2847 Wilson Blvd., Arlington, Virginia

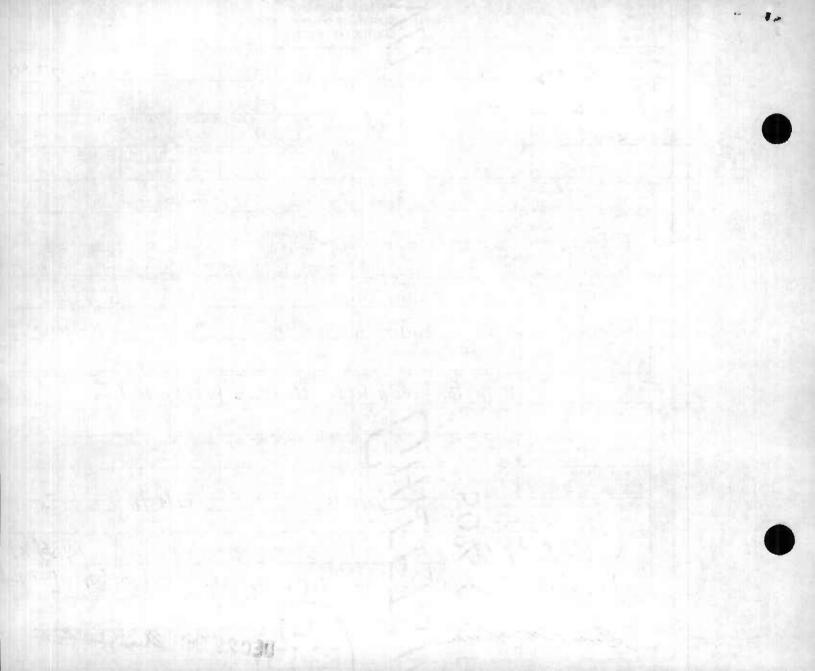
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CENTII	TCATE OF DEATH	1	RE	G. NO.			
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	3. SEX Male		4 RACE Wh	ite	5. DATE (H DAY YEA		GE (IN YEARS LA	C A	MONTHS	DAYS	HOURS MIN.
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1	Tennessee	1	United	States		D NEVER MARRIE	D	Montgo				MC
,	10 CITY OR TOWN OF DE	ATH			URSING HOME	OR OTHER INSTITUTIO	N 12a	USUAL OCCL	PATION	12b.	KINDO	F BUSINESS OR
0	Bethesda				street address)	H)		PE OF WORK FOR A Glazier			Glas	S
1	USUAL RESIDENCE (IF NUR 130, STATE	SING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSI			SSION)			ECC.		2100	
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	Sam		S	Simpson	n	Nora					Tur	
,	160 WAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		A	DDRESS N	lashvi	11e.	. TN
5	Yes	WW I		578-	14-9844	Mr. Lance	e Simp	oson (s	on)			
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	S. DATE OF OPERA	(I)OIV	190 CONDI	I ION FOR W	HICH OPERATIO	N WAS PERFORMED				RTIFYING C		OF DEATH?
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1					H DAY YEAR	21c. HOW INJURY O	DCCORRED	(ENTER NATURE O	I INJURY IN ITEM	18 PART OR	PART 2)	
1	GREGITHER, NOTIFY MED 21d INJURY OCCUR				19	THE LOCATION						
1	ANDIE NOI M	HILE	21e PLACE C		FFICE, FARM, ETC.)	216 LOCATION STREET		CITY	ORTOWN	CO	YTMU	STATE
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	sow the deceos	ed olive on	Dec. 2	2.	0.7	nd that in (75) (our) or		10		. 19		that (IXIwe) last couses stated
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	Mitchel	1 5.	Finkel.	mo		Nationa Clinica					200	205
	230. BURIAL, CREMATION,	REMOVAL			23c. NAME OF C	EMETERY OR CREMAT		3d. LOCATION				
	Buri	al	December 24	1981	Greenwo	od Cemeter	У	Knoxvil	le, Te	enness	see	STATE
	24 FUNERAL DIRECTOR	Ives :	Funeral	Home	222	01 25	So. DATE RE	C'D. BY REGIST	RAR ISL RES	ETRAPE (ICNATI	der
	2847 Wilson				Virginia		30	1020	101		Sh	

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X SKIDMORE WALTER HAROLD (TYPE OR PRINT) XXXXXXXXXXXXXXXX DEATH MATED Dec. Male Caucasi AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOLINCED 19,81 Dec.5. DEAD 6:034 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) WEST VIRGINIA Montgomery WIDOWED DIVORCED Silver Spring . USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS HOSPITAL, NURSING HOME, OR OTHER INSTITUTION contractor 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Clomont 15. MOTHER'S MAIDEN NAME FIRST GRIMM VIRGIE ADDRESS ILVER SPRING, MD. 16h SOCIAL SECURITY NO 233-48-2082 Clement Pl. KORFAN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY Canditions, A any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES [] 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P,
AFTER DEATH, WITH THE ST,
BALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Natural causes Homicide Undetermined manner death resulted fram: Suicide TITLE (SPECIFY) MEDICAL EXAMINER JOHN S. ROGERS 1919 SEMINARY ROAD, SILVER SPRING, MD. 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION GATE OF HEAVEN MD. BURIAL 12/8/81 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 256 REGISTRAR'S SIGNATURE **DHMH-17** 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VR A15 ME (5) 15M 2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE KNOWN X (TYPE OR PRINT) OF ESTI-Huntington Margaret Sloan 81 /10 19 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. TIF UNDER 24 HRS. 24 HOUR 2:15 P. M DATE LAST BIRTHDAY PRONOUNCED 24, 1915 Female White Jan. 66 DEAD 19 81 YRS 12/10 A BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Oregon United States WIDOWED X DIVORCED Montgomery County
120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND) 8. GIVE PAGES 1, 2, AND 3 TO THE FU WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED. DIVISION OF WITAL RECORDS, 201 W ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ORINGUANCET 14808 Carrolton Road Exec. Director Rockville Research USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13a STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Montgomery 14808 Carrolton Road Rockville 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Nel1 Harry Huntington Ore 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMAN ADDRESS IYES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES Harry H. Sloan, Same as 213-38-2900 #13 No 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic carcinoma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Carcinoma of the kidney. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? ICATE, WRITING THE WORL FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT C None YES [] NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 71e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OF TOWN STATE 220 I certify that I took charge of the remains described above, held on Autopsy Inspection deoth resulted fram: Natural causes Hamicide Undetermined monner TITLE (SPECIFY) DATE 12/10/81 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Dec. COUNTY STATE 13. 1981 Metropolitan Crem. Cremation Alexandria, Virginia BP Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 251-REGISTRAR'S SIGNATURE **DHMH-17** Homes, P.A. Bethesda, Maryland (VR A15 ME (5) 15M 2/80

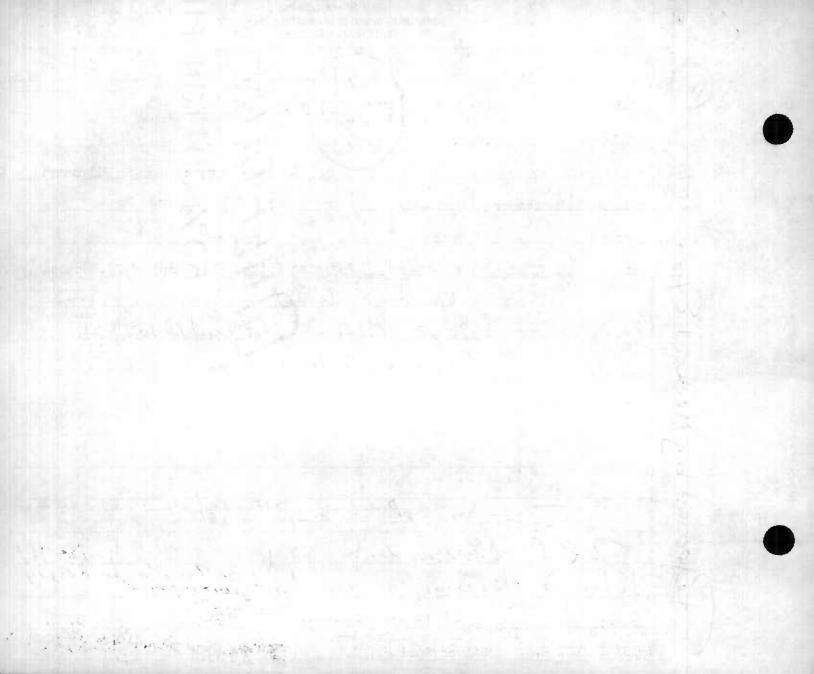
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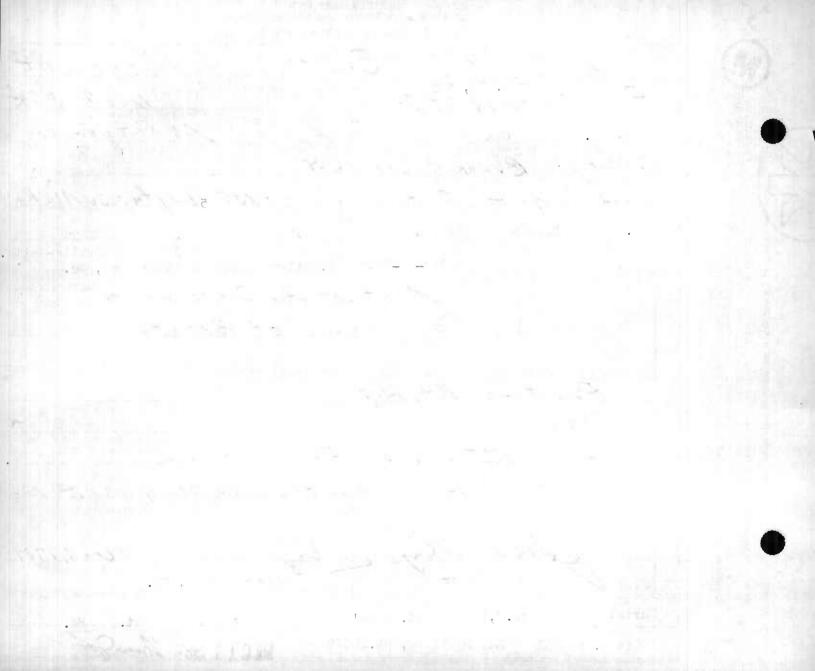
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TO MEDICAL EXAMINER: 1 TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: 8 AFTER DEATH, WITH THE SIS BALTIMORE, MARYLAND. 3	death ACTUA SIGNA	1/1	ral causes	Accident Accident	ld on Auto	psy , In , Hamicide TITLE (SPEC	CIFY)	Inquiry, termined manner DICAL EXAMINER	Ond in my or	Dec 3	-1981
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STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR REG. NO DECEASED NAME MILDRED 20. DATE KNOWN MONTH MARY SMITH (TYPE OR PRINT) OF ESTI-DEATH MATED WITHIN 72 HOLV. PRESTON STRE AGE (IN YEARS IF UNDER IF UNDER 24 HRS B28,1895 DATE FUNERAL DIRE PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY NEVER MARRIED FOREIGN COUNTRY) West Va. USA WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED. IB. CITY OR TOWN OF DEATH RECORDS. Manager ogd Wil USUAL RESIDENCE (IF IN 130 STATE 13/d. INSIDE CITY LIMITS? 13e STREET ADDRES LOF WIAL B 14. FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE LAST Dasher Wilson IDA EVERETT 18501 Laytonsville-Grith 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMAN' DIVISION 219-28-8340 Gaithersburg, Md. Wilson Smith 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 .0 CERTIFICATION USED 20 AUTOPSY? TO BURIAL. 6 TORWARDED TO THE CHI TOR: PAGE 3 SHOULD BE UT THE STATE DEPARTMENT O YES 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 OR UNDERLYING 21201 PRIOR CONTRIBUTING TO CAUSE OF DEAT 21f LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P FACTORY, FARM, ETC. NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted fram-Natural causes Hamicide Accident Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER John Rogers Silver Spring, Md. EXAMINER'S M 230, BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Dec. 9, 1981 St. Luke's BP Redla_d 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR **DHMH - 17** FRANCIS H. BARBER LATTONSVILLE, MD.20879 (VR A15 ME (5)) 15M 2/80



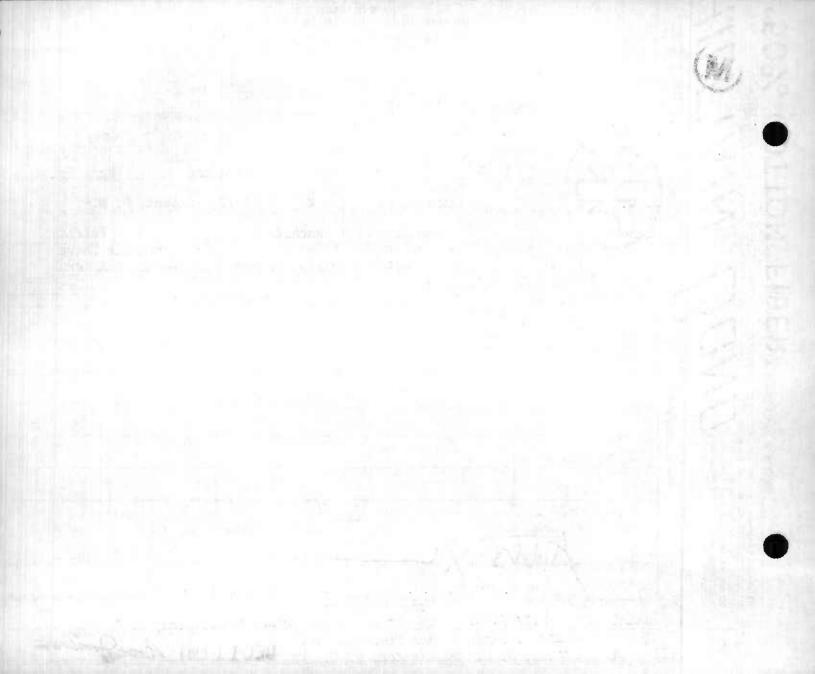
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR A DECEASED-NAME First Middle Last 2g. DATE OF DEATH death. requires that the death certificate be executed within 24 hours affer death and (Type ar print) Month Naomi Z. Snellings December 4 RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINGER 24 HRS last birthday) FEMALE Caucasian July 16. 1897 Jo. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED (duntry) Maryland U.S.A. WIDOWED I DIVORCED [Montgomery County attending physician una warranda papel narmit. Then please remave carbon papel IO. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address)
National during most of working life, even if retired.) INDUSTRY Rockville Lutheran Home unknown 13a. USUAL RESIDENCE (Where deceased lived institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER COUNTY Limore County Baltimore odmission) STATE
MaryLand YES NO D Lenton Avenue 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First John Henry Ziegler Clara Ghimes 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address ville, Md. Yes, no, or unknown) 215-01-1237 D Rev. Richard Reichard 9701 Veirs Drive, Rock-18. CAUSE OF DEATH (Enter only one cause per line (ar (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o burial, crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gave ! rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar ta b O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO DA YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M Manth Day Year P.M. State Dept. of (If either, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 220. I certify that (1) (this hospital) attended the deceased from aug. 23, 1974, to Dec. 13, 1931, that (1) saw the deceased alive on Dec. 2.3 19 81, and that in (my) (our) apinion death occurred on the dote and hour and from the couses stoted above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURA 22c. DATE SIGNED **ATTENDING** STAFF PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Dr. Harold F. McCann NAME (Type) 16th St. N.W. Washington, D.C. director, should be 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Baltimore, Maryland Loudon Park Cemetery Dec. 28, 1981 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR AT5 (4) 30M REV. 1/68 Hysong Funeral Home 1300 N St.N.W.Wash.D.C. DATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-1081 4. RACE IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) MONTHS PRONOUNCED 1081 6a M female white August 10, 1906 75 YRS DEAD 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryeand U. S. A. Montgomery County WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION To USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS Valley Nursing Home Potomac Rockville Clerical Real Estate USUAL RESIDENCE HE IN NURSING 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS 1417 N Street, N. W. 13a STATE COUNTY 13c. CITY OR TOWN T. PAGES 1 AND 2 SHOT DIVISION OF WITAL REC D. C. Washington 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Michael LAST Rachel Follor Sommer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 6818ADCHESTOREE Drive Baltimore, Maryland No 577-10-4804 Milton Sommers 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF onditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Metastatic breast carcinoma 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD BE USED A DEPARTMENT OF HEA DI PRIOR TO BURIAL, 19a DATE OF OPERATION HEAD ONLY 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21d INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 POUND BE FORWARDED TO FUNEXAL DIRECTOR: PAGE 3 AFTER DEATH WITH THE STATE DE BAJIMORE, MARYIAND, 2120 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE 22a. I certify that I took charge of the remains described above, held an and in my opinion Natural causes K death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-8-81 Assistant SIGNATURE EXAMINER'S NAME 111 Penn St. Dixon, M.D. Ann (TYPE OR PRINT) 1231. Noving CEMERIMETERY ATORY Ohev Sholom Talmud Torah 236. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE Burial 12/9/1981 BP. 24 FUNERAL DIRECTOR Donald M. Stein Hebrew Memorial F. H. 250. DATE REC'D. BY REGISTRAR 1856 REGISTRAR **DHMH-17** (VR A15 ME (5) 232 Carroll Street. N. W. Washington, D 15M 2/80



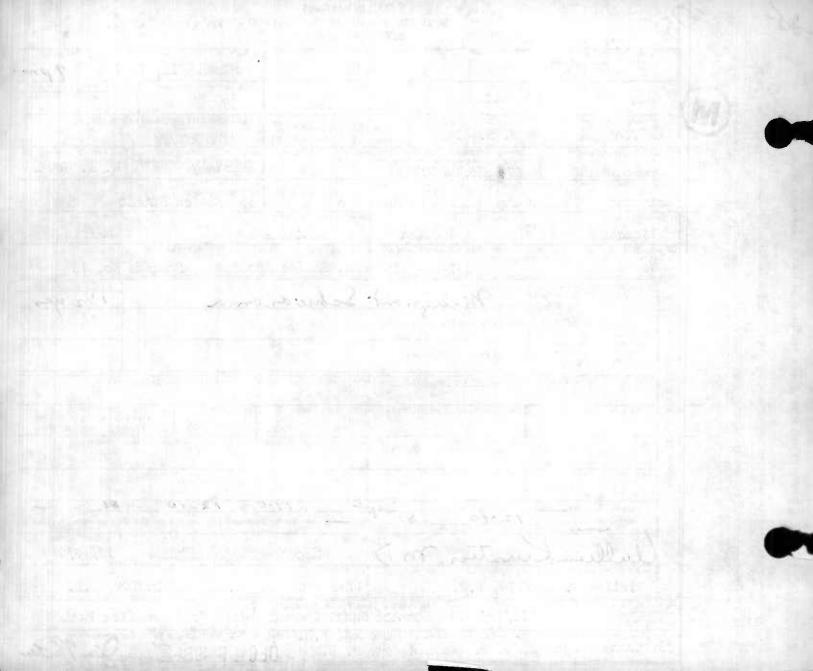
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

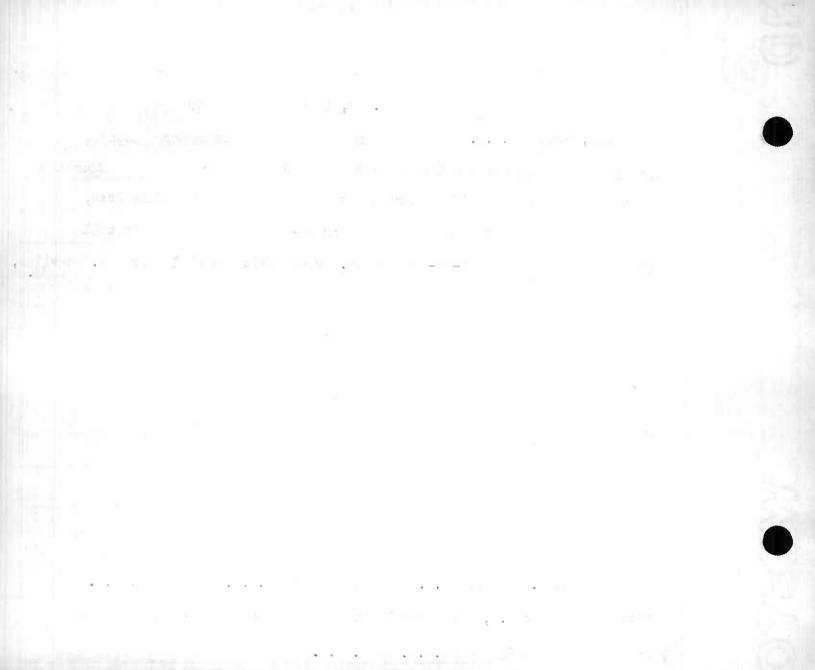
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J. BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY DELAY IS NE B. GIVE PAGES 1, 2, AND 3 TO THE FUL WITH FORM PM. 3. RETAIN PAGE 5-4 T. PAGES 1 AND 2 SHOULD BE FILED. V DIVISION OF VITAL RECORDS, 201 WF.	1	Sel Jos	2 6/6	LY CVO	or Hora	Audio Engine		
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PEPAGE 4 SHOULD BE FORWARDED TO THE CHIEF ATTER DEFECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 61			iak charge of the remains	described abave, held an	Autopsy , Inspe	ction Inquiry .	and in my apinian	
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ク	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANTIES DATE OF OPERATION	DUE TO, OR (c)	3hein	UENCE OF DEATH BUT	NOT RELATED TO Dioci N WAS PERFORM	nel	200 AUTOPSY?	20b IF Y	ES, WERE FINDI	NGS USED S OF DEATH?
7	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M.		DAY YEAR	21¢ HOW INJUI	RY OCCURR	YES NO.		YES B, PART 1 OR PART 2)	но 🗆
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		22a I certify that (I) (this he saw the deceased alive above, (I) (we) (did) (did	on Dec. of	9 19	121		19. 7.2 rr) opinion o	to Day.	30 date and h		that (1) (yee) last couses stated
		226 SIGNATURE TO SEL 226 PHYSICIAN'S NAME (TV.	R F. M-	Ca	m	22e ADDRESS		MEDICAL S			SIGNED - 30.81
	-		F. McCann		_			.N.W. Was	ningto	n, D.C.	
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8		uneral director name rsong Funeral	Home 1300	N St.N	.W. Wa	sh. D.C.	25R DATE	N 1 3 198	AR 25b. REGI	STRAR'S SIGNAT	Mossy



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MPORTANT:

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Edythe Stein December 31, 1981 A. 5:00P 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR SEX 5. DATE OF BIRTH MONTH DAY Caucasian Female Feb. 26. 1908 73 BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED England, England WIDOWED Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Housewife Collingwood Nursing Home Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
Montgomery
Poolsville Poolsville 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 19324 Hempstone Ave. YES X NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Blylock MIDDLE Ronald Stone Mary Watson ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 214-70-1022 Selwyn Stein Same as # 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a) b), as PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ONITIBLITING TO DEATH BUT NOT RELADED TO THE TERMINAL DISEASE OF CONDI ON GIVEN IN PART Ital OT ER SIGNIFICANT CONDITIO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO I 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

AT WORK

sow the deceased alive on

HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

22e ADDRESS

Georgetown Med. Schoo

CITY OR TOWN

and that in/(my) (aur) opinion death occurred on the date and hour and from the causes stated

770 DATE FIGNES

COUNTY

SIGNATUR

WHILE AT WORK

23b. DATE 230. BURIAL CREMATION, REMOVAL

SANAME ITYPE OR PRINT)

22a.1 certify that (1) this hospital) attended the deceased from

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

ATTENDING MEDICAL STAFF

STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 7/77

Removal

Washington D.C.

Metropolitan Funeral Service, Alexandria, Va.

12-31-81

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene priar to burial, cremation, or remaval.

IMPORTANT: If Nem 21 is marked or Item 18 shows ony

must be notified at once

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injury, or other troumatic event, th

STATE OF MARYLAND DED

JIAIL OI MARILAND	
ARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF REATU	

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	1.	- STATE REGISTRAR			DEF ART		ICATE OF DEATH	REG. N	0.	Con 1	0 0
		CEASED NAME E OR PRINT)	Lyman		R.		Stewart	12 23	MONTH DAY	YEAR	26 HOUR A
	3. SE	Male		4 RACE White		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS
5		RTHPLACE (STATE COUNTRY)		US	what Country?	MARRIE	DIVORCED	9. BALTIMORE CITY C Hontgomer		FDEATH	MD.
0	В	ity or town of D Bethesda		5020	Midhill :	St.	dr other institution	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Dept. Mgr	F WORKING LIFE)	126. KIND OF INDUSTRY I.B.	F BUSINESS OR
5	13a S	AL RESIDENCE (IF NO STATE Md.	13b COU	other institution. hty itgomery	13c. CITY OR TOW Bethes	e admission)	13d. INSIDE CITY LIMITS? YES NO []	130. STREET ADDRESS 5020 Min	dhill S	t.	
16	14 FA	THER'S NAME FIRST		R.	Stewa:	rt,Sr	15. MOTHER'S MAIDEN NAME FIRST Catherine	WE		Miller	
1		VAS DECEASED EVE YES, NO OR UNKNOWN) Yes		E WAR OR DATES	210-14-		17 INFORMANT Eleanor C. S	Stewart Sam		em # 1	13
	NO	Conditions, if an gove rise to it couse (a), sto underlying cau	IMMEDIA by, which nmediate ting the se last.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM				mos
1	CERTIFICATION	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	
1	MEDICAL CER	270. I certify that (saw the decectobove, (I) (we) 27b. SIGNATURE	CAUSE OF DEADLE ALL EXAMINER RRED WHILE ORK 1) (this hospi sized olive on (did) (did no	HOUR A./ P./ 21e PLACE (AT HOME, STR tal) attended the PCC. 1) view the bad.	M. MONTH DAM M. DF INJURY EET, FACTORY, OFFICE, F deceased from	ARM, ETC)		CITY OR TO	wn 23, 19. ote and hour of	COUNTY	STATE that (I) (we) lost trauses stated
		22d. PHYSICIAN'S I	AL	LEN	M. MO	n D Do	270 ADDRESS - 1145-	19th st,	$N \cdot W$. P	
	23a B	SURIAL, CREMATION	, REMOVAL	23b. DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

DHMH - 16 50M 1/81 (VRA 15, 4)

O HOSPITAL

BP

12/28/81

Monocacy Cemetery

Bealsville, Md.

STATE

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
5130 Wisc. Ave. N.W. Wash., D.C. 20016

REGISTRAR 256, REGISTRAR'S SIGNATUR

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IMPORT,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR DECEASED NAME MIDDLE 2ª DATE OF DEATH MONTH 25 HOUR (TYPE OR PRINTS 1981 ROBERT WILLIAM STOUT JR DEC 12 2:40 3 SEX RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR MAR 10, 1910 71 Caucasian MATE YRS Jo. BIRTHPLACE I STATE OR FORFIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED MARYLAND U.S.A. MONTGOMERY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDITETRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! DRAFTSMAN BETHESDA NATNAVMEDCEN Engineering USUAL RESIDENCE (IF NURSING 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 138 STREET ADDRESS MONTGOMERY BETHESDA YES X NO [6406 WinnepegRD, BETHESDA, MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE CLAUDTA ROBERT WILLIAM STOUT Offutt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) WIFE-RUTH R. STOUT, 6406 WINNEPEG RD, BETHESDA 1943-1945 579-44-6593 YES APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic Prostatic Carcinoma DUE TO, OR AS A CONSEQUENCE OF Sepsis Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 191 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TX NOF NOF 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL CIF FITHER NOTIFY MEDICAL EXAMINER PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE DEC 12 DEC 270.1 certify that (I) (this hospital) attended the deceased from

sow the deceased alive on 12 DEC above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Michael M. Van Ness

23b. DATE

22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED 14 DEC 1981

ATTENDING

PHYSICIAN

NATNAVMEDCEN BETHESDA MD

Gate of Heaven

DEGREE

81

4 rec

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

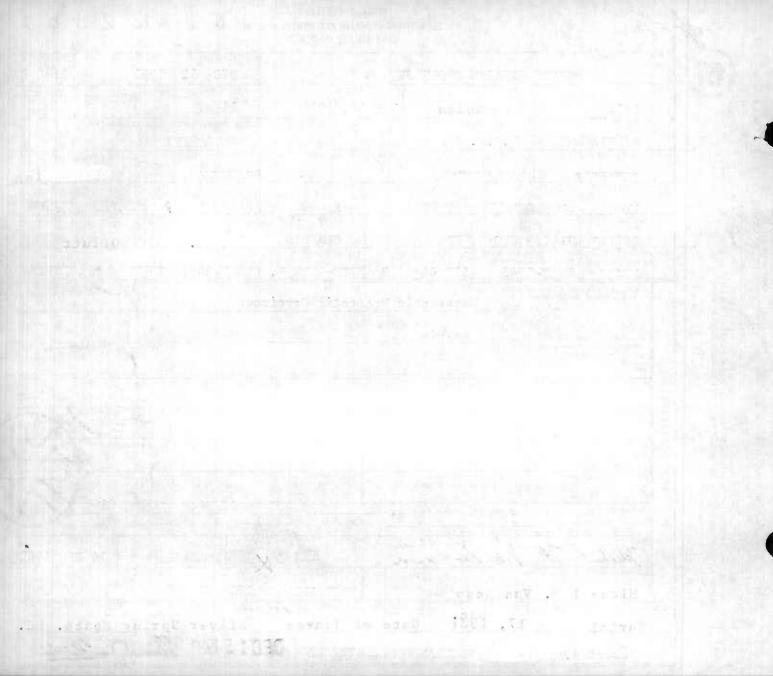
Silver Spring Montg.

Burial 24 FUNERAL DIRECTOR

FUNERAL HOME, BETHESDA Robert A Pumphrey

P\$81

DHMH - 16 50M 1/B1 (VRA 15, 4)



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within 24 hours ofter deoth. Page

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATU

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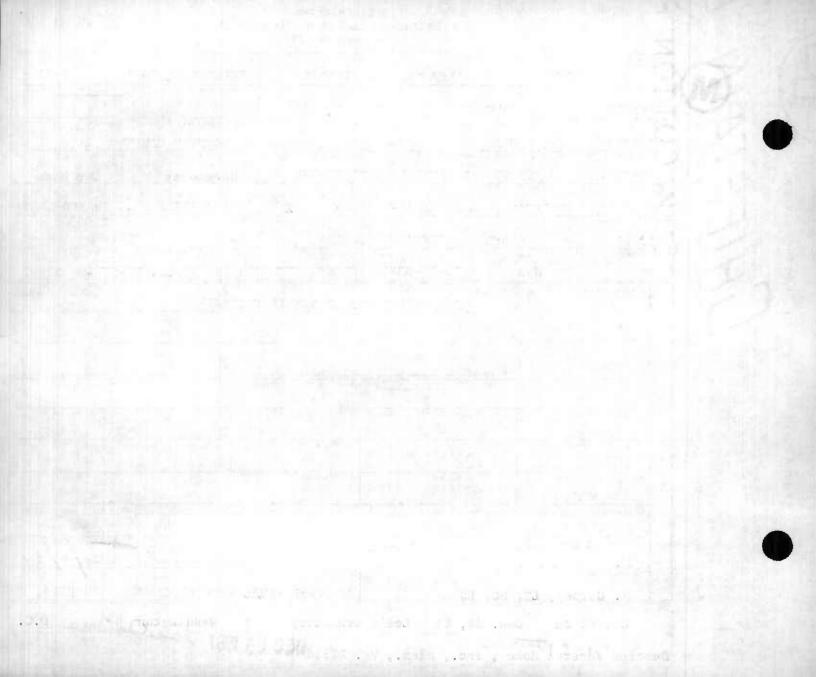
REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	NO.		
DECEASED NAME	FIRST	. A	MIDDLE	l.	AST	20 DATE OF DEATH		AY YEAR	26 HOUR
(TYPE OR PRINT)	MARY		ELEANOR		SUTORIK	DECEMBER	6, 1981		2:51 a
SEX	4.1	RACE		5. DATE C		6. AGE (IN YEARS LAST 8		IF UNDER 1 YEAR	
FEMALE		CAUC		AUGU	ST 2, 1913	68	YRS.	ONTHS DATS	MOURS MAN
BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
MICHIGAN		USA		WIDOWE		MONTGOMER	Y COUNT	Y	м
CITY OR TOWN OF	EATH 11		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND C	OF BUSINESS OF
BETHESDA	N				AL CENTER	Homemak			Home
SUAL RESIDENCE (IF N	URSING HOME OR OTH		GIVE RESIDENCE BEFORE		1136 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
VIRGINIA	FAIRFA		ANNANDA		YES X NO X	4004 JUST		, ANNA	NDALE V
FATHER'S NAME	MID	DIE	LAST		15. MOTHER'S MAIDEN NA			2200	
CLARENCE		LBERS	ZUPPAI	NN	AVIS	BYRNS	CC	RLEW	51
WAS DECEASED EV	ER IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	4004 ADJ	USTINE	DRIVE	
NO	N/A	AR OR DATES)	470-18-8	387	GEORGE SUTOR	IK: ANNANDA	ALE, VI	RGÍNÍA	22003
18 CAUSE OF DE	ATH (Enter only o	one cause per	line far (a), (b), and	dicil				APPROX	ONSET AND DEATH
PART I. DEATH	I WAS CAUSED B		ADENOCA	RCINO	MA OF THE LUN	G STAGE IV			
1629	9		AS A CONSEQUE	NCE OF					
Canditions, if a	ny, which	(b)	A3 A CONSEQUE	1400 01					
gove rise to a			AS A CONSEQUE	NCE OF					
underlying car	use lost	(6)	A3 A CONSCOU	1400 01					
	GNIFICANT CON	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COL	NDITION GIVE	N IN PART 1	0
190 DATE OF OPE									
No DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED
		0.00				YES X NO		X CAUSES	NO [
		216. TIME OF	INJURY A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT I OR PART 2)	
OR CONTRIBUTING		P.A		19					
OR CONTRIBUTING L	JRRED	21e. PLACE C	OF INJURY	DAM STC 1	211 LOCATION	CITY OR 1	OWN	COUNTY	STATE
AT WORK	WHILE WORK							5	
220 1 certify that	(I) (this hospital)	ottended the	deceased from	30 NO	VEMBER 19 81	6 DECE	MBER	9 81	that (I) (we) los
sow the dece	ased alive on		19		nd that in (my) (aur) apinion	death occurred on the	date and haur	and from the	causes stated
226. SIGNATURE	31 4	num		me	DEGREE			27c DATE	SYGNED
M. GUR	NEY LT.	MC. U	SNR		ATTENDING PHYSICIAN [MEDICAL STA	AFF X	121	12/2/
22d. PHYSICIAN'S	NAME (TYPE OR PR		1		22e. ADDRESS			1	-
M. Gur	nev. LT	MC. I	JSNR		NATIONAL NAV	AL MEDICAL	CENTER	R. BETH	ESDA. N
BURIAL, CREMATIO		23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
Cremat	ion	Dec. 12	2, 81 L	ee's	Crematory	Washi	ngton	COUNTY	D'.C
FUNERAL DIRECTOR		Α.			DESOP4	TE PECTON TEGISTAR		AR'S SIGNAT	TURE
emaine Fur	eral Ho	mes, In	nc., Alex	., Va	. 22314 DEC 1	9 1001			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 ha with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other traumotic event, th



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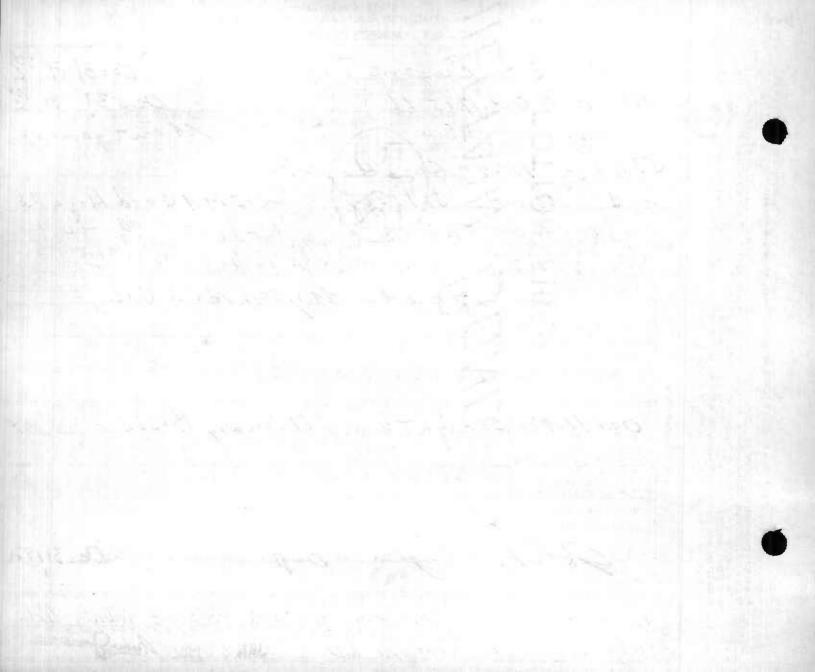
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MLG	1/				STATE OF MARYLAND		
	+	1.	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	3 2 3 7 2
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR P
16	100		Arnette	Derrick	Tatum, Jr.	December	$9, 1981 11:10_{M}$
4 (3	ASI)	3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
			Male	Negro	August 13,1921	60	YRS.
£ 70%	2 7/-	70. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEATH
deat	10/2	-	rkansas	USA	WIDOWED DIVORCED	Montgor	nery MD.
s after s by the f	26		thesda	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE The Clinical	TADDRESS) NIH Center, Bethesda	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF RAILWAY	YE WORKING LIFET INDUSTRY
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filled	ける		lorida Duv		nviller X NO		onroe St. 32202
vithii etely	mine	14. F#	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
w pa	0.23	Aı	nette Der	rick Tatum, S		WIDDLE	Geans
y kecul	medicol S		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRI	553703 W., 16th St
pe e	D me		YES, NO NO (IF YES, GIV		-5054 Mrs. Octav	ia Tatum	(mother) Little Roc
bAt core	val.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o ph	ever			TE CAUSE (o) Esophage	al carcinoma		3 months
of the condin	natic		1509	DUE TO, OR AS A CONSEOU	JENCE OF		1 month
offe dec	ation	30	Conditions, if any, which gove rise to immediate	(b) Respirat	ory failure		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MAKTLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours cottending physician.	ol, crem	ny	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	enic abscess		1 month
equires signed	ta bure	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 110
y dee	ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
he to	No se se se se se se se se se se se se se	TIFIC				YES NOX	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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PHYSICIAN: ending physicians this certifica	or h	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TO	WN COUNTY STATE
offe offe	hond rked o	2	AT WORK NOT WHILE AT WORK		and the same of th		
NDING I or off	lealt is mo		220.1 certify that X (this hospi	tal) attended the accessed from.	September 23 81	Decembe	, mor (ii (we) tost
ATTE	of 1		sow the deceased alive on above, X (we) 7 did) X X X X	view the bod of the death	ond that in the (our) opinion	death occurred on the de	ate and hour and from the causes stated
Al OR /	tate Dept		muchael 1	Restasta	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAI	
SPIT d by	TAN		22d. PHYSICIAN'S NAME (TYPY	RPRINI	22e ADDRESS The		Center, National
o HOSP etained b	with the State [MICHAEL K	- MOHNSTON			h, Bethesda, Md 2020
5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	5 ≥ ₹	23a E	BURIAL CREMATION, REMOVAL SPECE Burial	14, 1981 H	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP			DULTAL	DT A DUMPUDE	aven of Rest	LITTIE	Rock, COMATKansas
DHMH - 16 50 (VRA 15		24 FU	NAME HOME	S,P.A.,BETEHE	SDA, MARYLAND 250	CT 5 1981	2 Same Same

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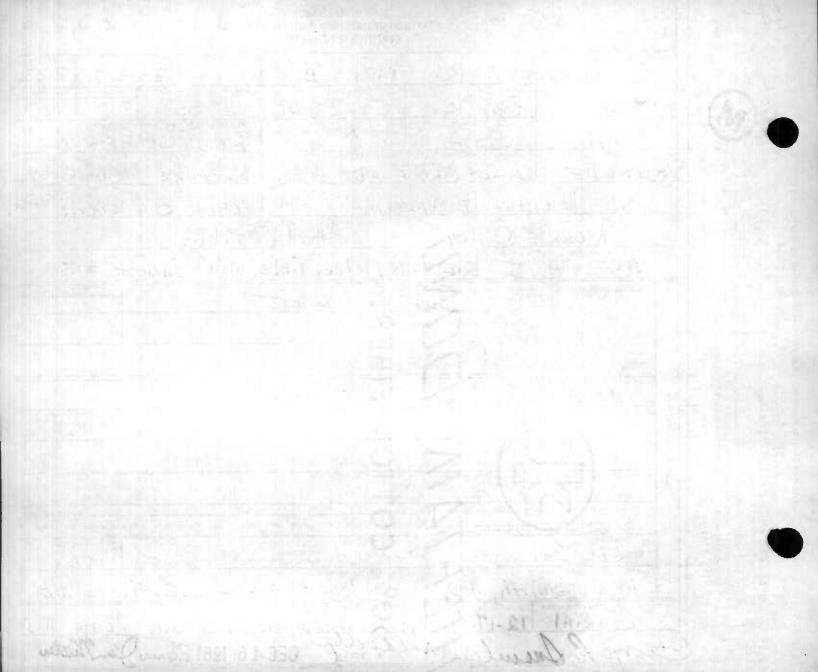
16			FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 3 7 3
1-			STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.
			CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 25 HOUR OF ESTI-
	E SE	2.053	Kobe	cot Cuaene (2V/OV DEATH MATED LI Pas 9/19 71 Km
	E DE OR	3. SEX	1 BILC	S. DATE OF BIRTH MONTH DAY YEAR AGE (IN YEARS IF UNDER 1 FR. IF UNDER 24 HRS. 26 DATE MONTH DAY YEAR LAST BIRTHOAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 1 YEAR 24 HOURS MIN PRONOUNCED DEAD 1 YEAR 24 HOURS MIN PRONOUNCED
	STEP (Ta. Bl	RTHPLACE (STATE OR	The CITIZEN OF WHAT COUNTRY?
			REIGN COUNTRY) MD.	U, S. A WIDOWED DIVORCED Montgomery MD.
	PAGE FILED	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 120. USUAL OCCUPATION (TYPE OF WORK OF 2b. KIND OF BUSINESS OR INDUSTRY)
5	A CORD	USUA 13a. S	L RESIDENCE IN HORSE HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS)
	SHOULE SHOULE		ma m	ont of l. Spy YES NOW 15749 Good Hope Re
RE, MC	DEATH.	14 FA	THER'S NAME FIRST CHARLE	MIDDLE TAYLOR IS MOTHER'S MAIDEN NAME FRIST MATTIE NR. HAST
ALTIM	AFTER SIVE PA H FOR AGES I ISION	16a. V	VAS DECEASED EVER IN U.S. ARA ES, NO. OR UNKNOWN) (IF TES, GIVE)	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Same AS 1220-05-6002 AldA TAYLOR (Wite) Same AS
	HOURS AF M 18. GIV MG WITH RMIT. PAG RMIT. PAG INE, DIVISI		18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED	SETWEEN ONSET AND DEATH
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, 201	EXECUTED ING" IN PE ICAL EXAN A BURIAL - 1 AND MER WATION, C		lying cause last.	(c)
	HOULD BE EXECUTED WITHIN 24 HOUR VENDINGS, IN PERIOLIS ITEM 18. HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
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ŽĮĮ,	ATE SHOULI HE WORD "P THE CHIEF JUD BE USED MENT OF HE TO BURIAL,	RTE	DCC///	1216. TIME OF INJURY 1216. HOW INJURY OCCURRED JENTER NAME OF INJURY IN JEM 18 PART 1 OR PART 2
Ö	STANGE THE VALUE OF THE VALUE O	AL CE	UNDERLYING OR	HOUR A.M. MENTH DAY YEAR
ISIO	SHO SHO PRIO	MEDICAL	CONTRIBUTING CAUSE OF D	DEATH P.M. 19
VIQ	TO MEDICAL EXAMINER: THIS CERTIFICATE SHO SECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BRUSI	W	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
1	POR POR POR POR POR POR POR POR POR POR		22a I certily that I taak charge	e af the remains described abave, held an Autapsy . Inspection 🔊 . Inquiry . , and in my apinian
	AMIP RTIFIC S BE RECT RTH 1		death resulted Iram: Nature	al causes , Accident , Suicide , Hamicide , Undetermined manner ,
	CAL EXA THE CERI SHOULD FRAL DIRI SATH, WII		ACTUAL SIGNATURE 6	M.D. DEA & MEDICAL EXAMINER SIGNED 311981
	DEAT SHIP		3	MEDICAL EXAMINER SIGNED ELLER
	PAGE TO FU TO FU BALTER		EXAMINER'S NAME (TYPE OR PRINT)	ADDRESS
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000	BP	24_E1	JNERAL DIRECTOR	246 A / /ASS ST 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE)
70 - 1	DHMH - 17 (VR A15 ME (5))	6	ëorge RiSne	owden Lockville MD. JAN 8 1988 Many
	15M 2/80			



: 26-8	(TYPE	CEASED NAME FIRST	CARL	THOMAS		20. DATE OF DEATH DECEMBER 8	MONTH DAY	26 HOUR 10:18a.
N III	1:561	RUDOLPH	4 RACE	5. DATE OF	RIPTH	6 AGE (IN YEARS LAST BIR		7/1
4 0 0	1	MALE	NEGRO		23, 1925	. 56	MONTHS YRS	DATS HOURS MIN.
Poeth. Poet		RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	nvo le	XNEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH
ofter de	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR	OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126 F	CIND OF BUSINESS OR USTRY
fille in ould	USU/ 13a S	TATE 196 CO	OR OTHER INSTITUTION GIVE RESIDENCE BY DUNTY 136. CITY OR T	OWN 13	INSIDE CITY LIMITS?	136. STREET ADDRESS	DSON ST	PHILADELPHIA
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TISUAL RESIDENCE (# NURSING HOME DE CITHE INSTITUTION ON THE RESIDENCE BEFORE ADMISSION) 136. STATE 137. COUNTY 138. COUNTY 138. CITY OR TOWN 138. INSIDE CITY LIMITS? 139. STREET ADDRESS 14 FATHER'S NAME FIRST 15 MOTHER'S MAIDEN NAME FIRST 16 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 WAS WAS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH LEnter only one couse per line for (0), (b), and (c). 18 CAUSE OF DEATH LEnter only one couse per line for (0), (b), and (c). 18 CAUSE OF DEATH LEnter only one couse per line for (0), (b), and (c). 19 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH LEnter only one couse per line for (0), (b), and (c). 18 CAUSE OF DEATH LEnter only one couse per line for (0), (b), and (c). 19 WAS DECEASED EVER IN U.S. ARMED FORCES? 19 WAS DECEASED EVER IN U.S. ARMED FORCES? 10 WAS DECEASED EV
14 FATHER'S NAME FIRST MORRIS ONLY 15 MOTHER'S MAIDEN NAME FIRST MORRIS ONLY 16 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT WESS NOOR UNKNOWN) 18 CAUSE OF DEATH. Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 167 DUB 1
18 CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoling the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF
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TAME 2 OTTER SIGNAL CONDITION STORES TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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OR CONTRIBUTING CLASSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d PLACE OF INJURY (All HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21d PLACE OF INJURY (All HOME STREET, FACTORY, OFFICE, FARM, ETC.) 27d L certify that (1) (this hospital) attended the deceased from
The state of the s
276. SIGNATURE 276. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ID 126. DATE SIGNED 127. DATE SIGNED
22d PHYSICIAN'S NAME (LIPE OR PRINT) 1216 ADDRESS 4316 KINGSley Ave Bethesda, 11D.
230 BURIAL CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION CHY OR TOWN OF THE ORIGINAL CREMATORY 236 LOCATION CHY OR TOWN
DHMH-16 50M 1/81 21 FUNERAL DIRECTOR 22 DATE RECTOR 23 DATE RECTOR 23 DATE RECTOR 23 DATE RECTOR



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IMPORTANT

CERTIFIC

MEDICAL

STATE OF MARYLAND	
PARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2010
T DECEASED NAME FIRST (TYPE OR PRINT) Robe		B.		Tolley	Ta Division Devices	3181 135 1
Male Male	4 RACE White	ATAIR OF	S DATE O		64 YRS.	FUNDER I YEAR IF UNDER 24 HRS
10 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.S.A.	WHAT COUNTRY?	WIDOW		9. BALTIMORE CITY OR COUNTY Montgomery	OF DEATH
BETHESDA	SU SUC	BUESA	ADDRESS)	OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF Property Mgr.	12b. KIND OF BUSINESS OF INDUSTRY Realty Co.
		Rockvill	N	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 10500 Rockville	Pike, Apt.132
14 FATHER'S NAME FIRST John	MIDDLE	Tolley		15. MOTHER'S MAIDEN NA. FIRST (Unknown)	MIDDLE	LAST
	ARMED FORCES? GIVE WAR OR DATES) W. II	576-14-3		Gertrude Vero	ADDRESS Onica Tolley-Addr	ess same as #1
18 CAUSE OF DEATH Enter PART I. DEATH WAS CAI IMMED Conditions, if ony, which gove rise to immediate couse (all, stating the underlying couse last.	DIATE CAUSE (0)		NCE OF	a accorden	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 OAYS
				NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

HOUR A.M.

IN CERTIFYING CAUSES OF DEATH? NOF YES

NO NO

STATE

21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

CITY OR TOWN COUNTY

CITY OR TOWN

Dec 31 22a I certify that (I) (this haspital) attended the deceased from Dec 81 sow the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. SIGNATURE 22b. DEGREE 22c. DATE SIGNED

23b. DATE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

L. Horwitz, M.D.

CONNECTICUT AVENU WAS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

230 BURIAL, CREMATION, REMOVAL SPECIFY, Burial 24 FUNERAL DIRECTOR

Lver Spring-Montgome

DHMH - 16 50M 1/B1 (VRA 15, 4)

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4 4	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 2 8 7 7
5 7	11-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST MIDDLE LAST 20. DATE KNO OF E	OWN MONTH DAY YEAR 26 HOUR
Dec Co		Edural Leondars Traylor DEATH MI	ATED Dec 2710 87 87
北海湖)	3. SE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCE	MONTH DAY YEAR 2d HOUR
SESES.		AT LA TULY 16 OF PRIS DEAD RTHPLACE (SLATEOR TR. CITIZEN OF WHAT COLLINTRY? IR 9. BALTIMOR	ECITY OR COUNTY OF DEATH
PARTIE NO PER SERVICE	/a B	REIGN COUNTRY) MARRIED MEVER MARRIED	ECITY OR COUNTY OF DEATH
	ID C	TY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPAT	ION (TYP) F WORK 12b. KIND OF BUSINESS
AN WAGE SAW	0 1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
MAY DEL		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	ISINESS EXECUTIVE
AND 3 PETAN SHOULD SHOU	5 130. 8	TATE 136. COUNTY 136. CIMOR TOWN 136. INSIDE (ITY LIMITS? 12. STREET ADDRESS YES NO DISTRICT	of Edge Rd Ant 30
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. F	ATHER'S NAME FIRSTMIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRSTMIDDLE	F JAST
DEATH DEATH AND A PAND A	0	William Edward Traylor Harriett	Laughlin
TIMORI FTER DE F PAGE FORM SES I AI	160	ES, NO, OR UNKNOWN (IF YES, GIVE WAR OR DATES)	ADDRESS
A A SET A		No 440-01-9210 Lawrence M. Tra	ylor-Callad, VA.
: = ~3 - 0		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST 24 HOUI ITEM 18 ONG V PERMIT.		43 (Due to, or as a consequence of	4dry #
FEST FIN SIT NO SIT NO EMO		Canditions, if any, which	1 +
WIT WITH AND A SERVICE AND A S	-	gave rise to immediate (b) (b) (Course (a) stating the under-	CI a em 1 J-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, ROED TO THE CHEIF MEDICAL EXAMINER ALONG W RES 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D OT PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying cause last. (a) Generalized Arberios	cleanaid
DS. NG. VECT AND WATIC	10	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OFFICES OR CONDITION GIVEN IN PART 1 (0).	
BE E NOUIL	N O	None	
AL REAL	S	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
NE CHA	CERTIFICATION	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY	YES NO.
TAN STAN STAN STAN STAN STAN STAN STAN S		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	IN HEM 18 PART I OR PART 2)
RTIFI SHO SHOP RIOF	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, 21f LOCATION	
S CE RELIEFE	ME	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNKEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.			7
THE AND	3	22e. I certify that I taok charge of the remains described obove, held on Autopsy , Inspection Inquiry L death resulted Iram: Natural causes Accident , Suicide , Hamicide Undetermined manni	, and in my opinian
ERTIFE BUTTER WITH	1	TITLE (SPECIFY)	
AL DOUGH		SIGNATURE MEDICAL EXAMINE	ER SIGNODER 27/99
NER ST	7	EXAMINER'S JAME John S. Rogers 1919 Seminary	De Cilores Con Mi
A ALTIV	4	(ITPE OR PRINT)	Rd., Silver Spg,Md
0000	23a.E	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION 100 100 100 100 100 100 100 100 100 10	Northumberland VA.
BP		ONERAL DIRECTOR P.O. BOX 276 1250. PATAREGID. BY REGISTRAN	25/18EFESTANDE THE THE THE
DHMH - 17 (VR A15 ME (5))		Heathsville, VA. 22473	W.
15M 2/80	-	1100111041110	

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Hines Kinaldi Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

11800 New Hamp. Ave 250. DATE REC

Silver Spring.

REG. NO

DAY

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IF UNDER I YEAR

126 KINDTOF BU

APPROXIMATE INTERVAL

NO [

STATE

Martinson

COUNTY

22c. DATE SIGNED

2b HOUR

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IF UNDER 24 HRS

20 DATE OF DEATH

Care Chesa Sant Farmer's Drive Conference simple 15-16-1911 Rock Cook Consider Makeson, 2.C. ... 2 2 Fee 1922 Fit to 1920 Not the p. die. DEC 17 1981 Zhoung J. T. . .

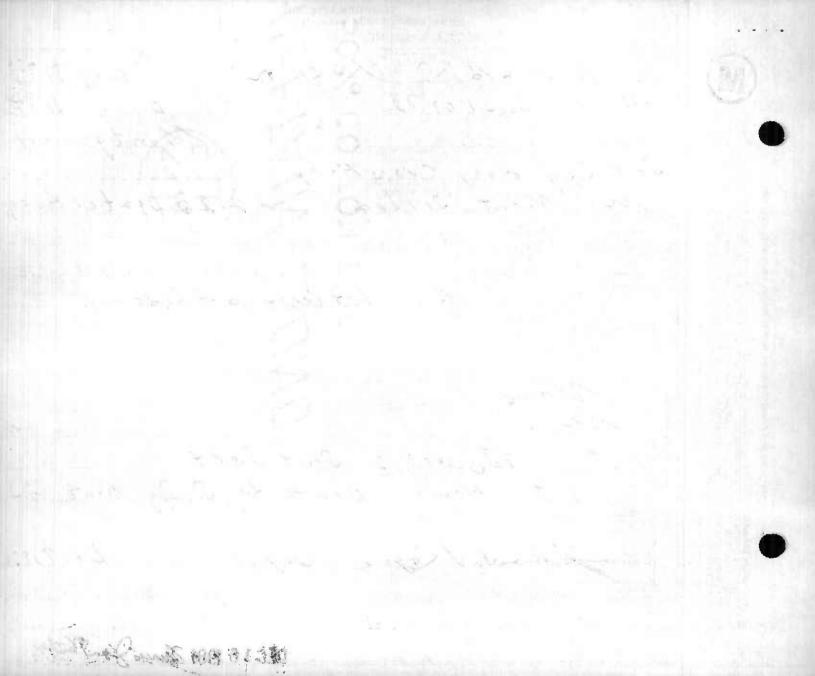
- 1		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
E 0	(1178)	Luigia	Alba	Vasaio	December 7 1981	8: 34
	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24
9"		emale	White	Nov 4 1908	73 YRS.	
A)		RTHPLACE ISTATE OR FOREIGN OUNTRY!	16 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIED NEVER MARRIED WIDOWED	Montgomery	Y OF DEATH
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must be	USU 13a	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDE		•	
S Somine		omenico Palmer		15. MOTHER'S MAIDEN FIRST Ponfilia		LAST
medical			IVE WAR OR DATES)	TIAL SECURITY NO. 17 INFORMANT	aio/son/ same as 1	3e
t, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (c			APPROXIMATE INTERV BETWEEN ONSET AND D
	18		ATE CAUSE (o) 5 }	HOOK	FIERELL BOX ETTE	1009
, or re		1749	DUE TO, OR AS A CO			41.
frour		Conditions, if any, which gove rise to immediate	(b)	TRASPATIC CANCEL		7/1/2
41		couse (o), stoting the	TOURTO OF ACACO			
of he		underlying couse lost.		ONSEQUENCE OF CANCER		
ō	N.	underlying couse lost.	(c)		rminal' disease or condition giv	VEN IN PART 1(0)
ws any injury, ar	TIFICATION	underlying couse lost.	CONDITIONS CONTRIBUT	BREADT CANCER	20a AUTOPSY? 30b. IF YES	S, WERE FINDINGS USED
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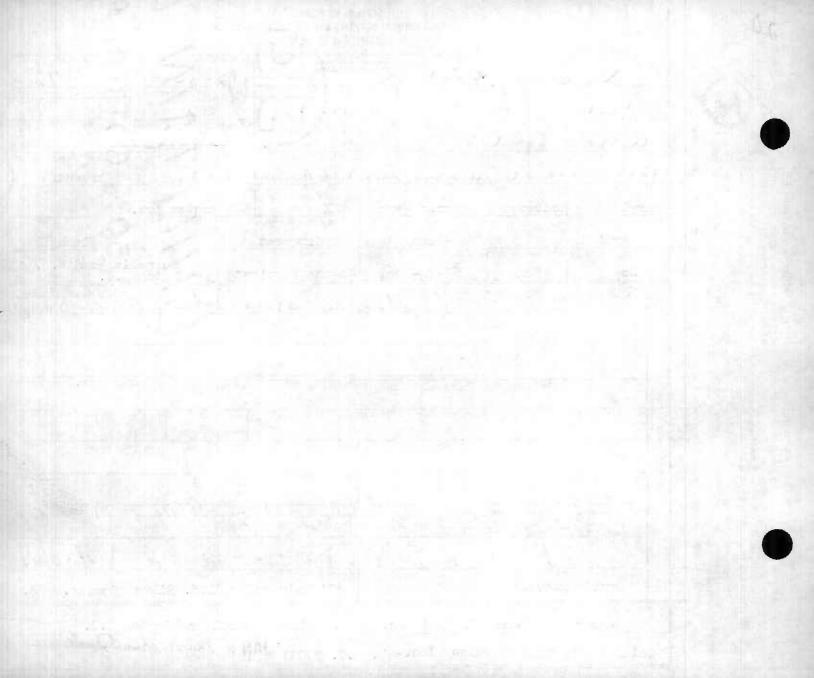
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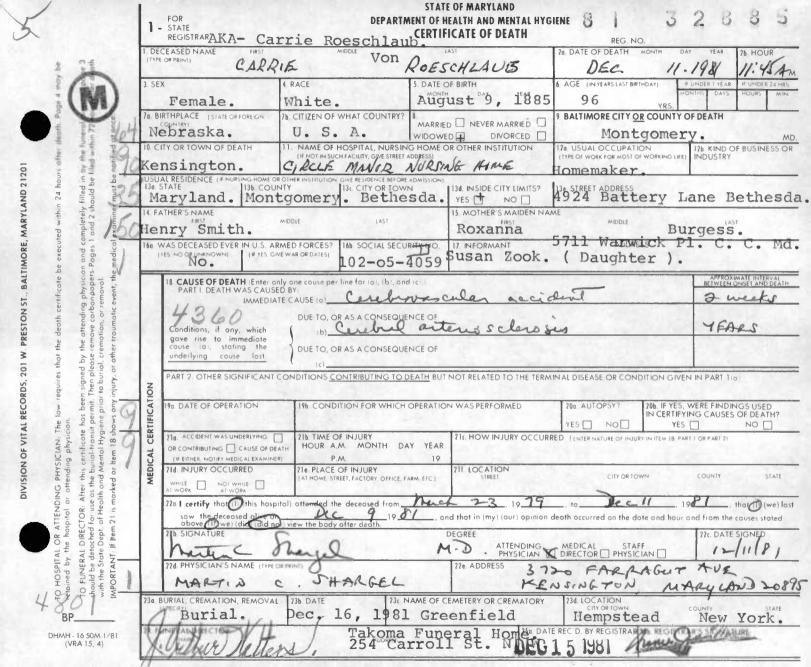
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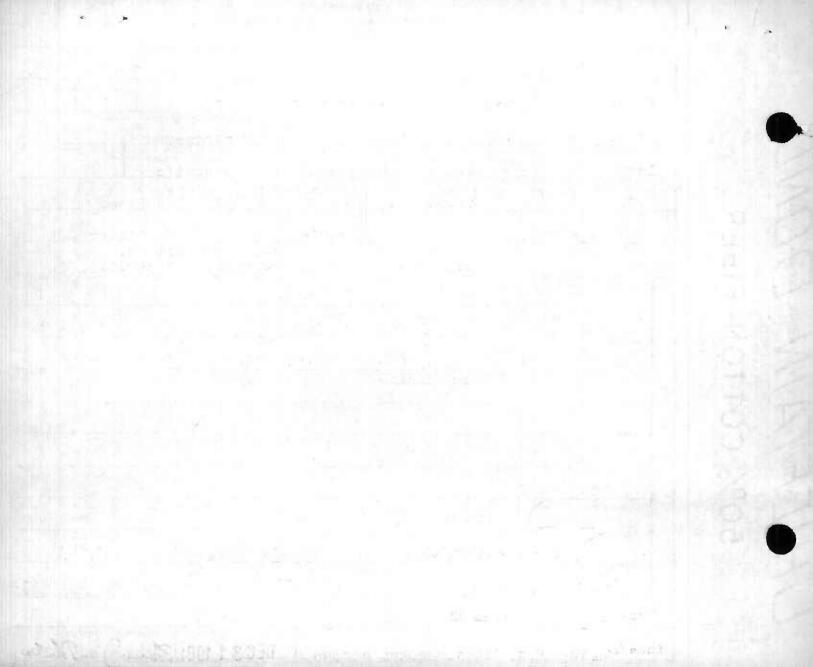
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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Hines/Rinaldi Funeral Home Silver Spring Nd

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE

STATE OF MARYLAND	10
PEPARTMENT OF HEALTH AND MENTAL HYGIENE	(
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	Z	THE STREET STORM TO ALL	CONDITIONS CONTIN	001110	LAIN	NOT KEENTED TO THE TERM	IIINAL DISEASE OR CON	JII ION GIVEN	IN PART TO		
7	ATIC	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH O	PERATION	N WAS PERFORMED	20g AUTOPSY?	Tanh IF YES V	WERE FINDIN	GS LISED	
7	CERTIFICATION							IN CERTIFYI	NG CAUSES	OF DEATH	1?
7	ERT	71a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJU	JRY		21c HOW INJURY OCCUR	YES NO	YES	L CORDARION	NO [
-		OR CONTRIBUTING CAUSE OF DE			Y YEAR	THE THE WAR AND SECOND	LEO LENIER MAIDRE OF INJUI	IT IN ITEM IS PAK	I OKPART 2)		
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		AT WORK			10-2		0.000	A		-	
		22a. I certify that (I) (this hasp sow the deceased along	ital) attended the dece	eosed from	1973		to Decrus	16 19		hot (H/we	
		obove (I) (we) (did) (did no	ot) New the body ofter (deoth.		d that in (my) (our) opinion (death accurred on the do	ite and hour a	nd from the c	ouses state	ed
		226. SIGNATURE	R4/	elle	0	ATTENDING ATTENDING	MEDICAL STAR	F	22c. DATE S	IGNED	181
-		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	200	5	22a ADDRESS			111	VADV	CAAA
		DEBURA	HB 600	LDBE	K6	1106 SPR11	V6 St S	IVER	SPRII	V6	JUNION STATE

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as with the State Dept. of Health IMPORTANT: If Hem 21 is

DHMH - 16 50M 1/81 (VRA 15, 4)

marked ar Item 18 shaws any injury, ar ather traumatic event, the and Mental Hygiene prior ta burial, crematian, ar rem

as the burial-transit permit.

23a. BURIAL, CREMATION, REMOVAL Cremation Cremation 2/17/81
14 FUNERAL DIRECTOR JOSEPH GAWLER'S

Cedar Hill Crematory

Suitland,

STATE

ons, Inc. NAME 5130 Wisc. Ave. N.W. Wash., D.C. 20016

Md.

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STATE OF MARYLAND

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HERET SALL

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REGISTRAR I. DECEASED NAME LIVEE OR PRINTS

Mary

27834 Dixon Same as patient Mr. Julius F. Whichard (husband) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO ORAS A CONSEQUENCE OF HEART SURGERY, IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS, SEVERE ATHEROSCLEROSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 22a. I certify that (K(this hospital) attended the deceased from December 12, 19, 81, to December 1.79, 81, that x (we) I saw the deceased alive an December 17, 19, 81, and that in xx (our) opinion death occurred on the date and hour and from the causes stated above, x (we) (did) (xxxx view the bady after death. -, to December 1.79-81 that x (we) lost 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN National Institutes of Health Clinical Center Bethesda, Md. 20205 23c NAME OF CEMETERY OR CREMATORY **Rinterville** Burial Winterville, N. Carolina Cemetery 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH - 16 50M 1/B1 (VRA 15, 4) Homes, P.A., Bethesda, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

December 17.

1981

2:00

12h KIND OF BUSINESS OR

Tailor

IF LINDER 2 / MRS

Whichard

- T-17 The residence of course of the profession of the second of and the second s Parent the court of the court o injury, or other troumotic

IMPORTANT: If Item 21 is morked or Item 18 shows ony

	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTA ICATE OF DEATH		NE 8	3	2 3	9 3	
		OR PRINT)	FIRST		UISE		PPS		DECEMBER		DAY YEAR	26. HOUR 95/A	<u></u>
	3. SE)	FEMALE		WHITE		5. DATE C	,B7N_Y ,Y€		AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	_
1	. (RTHPLACE (STATE OR	FOREIGN 7	U.S.A	WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIE	D	Montgom		Y OF DEATH		D.
	Ta	ty or town of de koma Park		Washir	HEACHITY, GIVE STRE	Tovert	ST HOSPI	ta 12	TYPE OF WORK FOR MOST Housewif	OF WORKING LI	FE) 126 KIND OI INDUSTRY Own H	F BUSINESS OF	-
3 4 6	13a. S Maj 14. FA	AL RESIDENCE (IF NUR ITATE TYLAND ITHER'S NAME FIRST GEORGE VAS DECEASED EVER (ESNO OR UNKNOWN)	Monts Monts	gomery noite G•	Silver LAST Brady 166 SOCIAL SEE 213 01	Spring	134 INSIDE CITY LIM	NITS? 13		R	Terrac Ridgeway		-
		18 CAUSE OF DEAT PART I. DEATH V 7998 Conditions, if ony gove rise to im couse (o), stoti underlying coust	IMMEDIATE which mediate ng the lost	CAUSE (o) DUE TO, OF	RAS A CONSEC	JUENCE OF JUENCE OF JUENCE OF	respond		arrent y y v	enof adition GIV	ho	ours,	
7	CERTIFICATION	A Ortic				ST VIE	N WAS PERFORMED		200 AUTOPSY? YES NO NO	IN CERTIF	house	GS USED OF DEATH? NO [7]	-
	MEDICAL CEI	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK NOT WAT WORK 220.1 certify that (1)	CAUSE OF DEATH	P./ 21e. PLACE ((AT HOME, STR	M. MONTH M. DF INJURY EET, FACTORY, OFFICE	19 E FARM ETC)	211 LOCATION STREET	CCURRED	CITY OR 1		COUNTY	STATE hot (I) (we) los	51
		sow the deceos obove, (1) (we) (22b SIGNATURE 22d PHYSICIAN'S N	did) (did not)	E Gra				ING _ /	MEDICAL STA STRECTOR PHYSI	KFF CIAN []	22c. DATES 12-	12-81	
		URIAL CREMATION,	REMOVAL	23h. DATE 12/15/8	230		EMETERY OR CREMA COIN Cemet		Md LOCATION CITY OR LOWN Brentwo	- 20	GUNTY Ma	•	=

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Hyattsville, Maryland

Brentwood Guniy Maryland Ft. Lincoln Cemetery

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tines Rinaldi Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER I YEAR

26 HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

YES T

COUNTY

WW

22r. DATE SIGNED

Distinct 12-11-17-11-17-11 Astrington Mattinut Astrinuta ACRES AND ACRES

DHMH-16 25M (VRA 15, 4) 1/79

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2a DATE OF DEATH MONTH DAY (TYPE OR PRINT) Orphia Whiteford Dec 19k1 IF UNDER I YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) YEAR DAYS 94 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Health Care Center Homemaker 13e STREET ADDRESS 134. INSIDE CITY LIMITS? 6860 Melrose Avenue, 21227 NOK 15 MOTHER'S MAIDEN NAME unknown 17 INFORMANT Ronald F. Vane 6860 Melrose Avenue, 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INFARETION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO I YES T 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 12 - 22 - 8Loudon Park Buria1 Baltimore City 25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 DEC 2 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

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- STATE REGISTRAR

. DECEASED NAME

TYPE OR PRINTS

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3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEI CERTIFICATE OF DEATH

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LOWELL WINFIELD 4 RACE

USA

WILLIAMS 5. DATE OF BIRTH

20 DATE OF DEATH MONTH DECEMBER 22,1981 6 AGE (IN YEARS LAST BIRTHDAY)

REG NO

26 HOUR 8:00

MALE CAUC TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY

SEPTEMBER 9,1907 MARRIED XX NEVER MARRIED

74 9 BALTIMORE CITY OR COUNTY OF DEATH

10 CITY OR TOWN OF DEATH

MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS NATIONAL NAVAL MEDICAL CENTER

MONTGOMERY COUNTY 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

Ass't Dean

126 KIND OF BUSINESS OR University

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

USUAL RESIDENCE (IF NUR 13a STATE COUNTY ARLINGTON VIRGINIA

ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN ARLINGTON

15. MOTHER'S MAIDEN NAME

DIVORCED

2750 North Nelson St. Arlington, Virginia 22207

4 FATHER'S NAME

BETHESDA

MIDDLE V.

WILLIAMS 166 SOCIAL SECURITY NO

Clara 17 INFORMANT

LN- CORONARY VASCULAR DISEASE

Alice Hames

WARD 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

YES

CERTIFICATION

80

1931-1961

224-52-2071

ALICE I. WILLIAMS: ARLINGTON, VA 22207

18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

LIFEITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

NOT WHILE

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

21e. PLACE OF INJURY

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211. LOCATION

COUNTY

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO F

U,MC, USWR

DECEMBER

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED SBM M # DECAL

M.M. VAN NESSALT MC USN

22a.1 certify that (1) (this hospital) attended the deceased from 21

NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD. 23c NAME OF CEMETERY OR CREMATORY

Cremation

230 BURIAL, CREMATION, REMOVAL

Metropolitan Crematory

22e ADDRESS

Alexandria, Virginia

SJATE

DHMH - 16 50M 1/B1 (VRA 15. 4)

FUNERAL uld be deto

Jon 3901 No. Fairfax Drive TF 18 ARLINGTON FUNERAL HOME Arlington, Virginia

20a AUTOPSY?

NO

CITY OR TOWN

in (my) (our) opinion death occurred on the date and hour and from the causes stated

22 DECEMBER 10 81

Cramerion 12/24/61 Metropolitan Provenora Unrandria, Vinciain

,)			STATE OF MARTLAND						
	1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 1 S	2391			
	I. D	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR			
0401		E OR PRINT) ROBER		WILLIAMS		981 3 pm			
1	3. 5		4 RACE	S. DATE OF BIRTH	MO	FUNDER LYEAR IF UNDER CA HRS			
	70.5	MALE IRTHPLACE (STATE OR FOREIGN	CAUCASIAN 76. CITIZEN OF WHAT COUNTRY?	MARCH 16, 1897	9 BALTIMORE CITY OR COUNTY O	DEDEATH			
000		INDIANA	U.S.A.	MARRIED NEVER MARRIED UNDOWED DIVORCED	MONTGOMERY	MD.			
O Calfied		LVER SPRING	LIF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) TOL AVENUE	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) METROPOLITAN PO				
1875	13a	STATE 1136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY GOMERY SILVER S	N 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS 9702 BRISTOL	AVENUE			
Scominer 2	14 F	ATHER'S NAME FIRST CYRUS	WILLIAM	S KATHARIN	ME	ECKETT			
medical		WAS DECEASED EVER IN U.S. AR	WAR OR DATES) WAR OR DATES) W 1 213-42-	RITY NO. 17 INFORMANT	ADDRESS				
1	-		ly one cause per line lar (a), (b), and		A DESTRUCTION OF STREET	BETWEEN ONSET AND DEATH			
0 0 0			E CAUSE (a)	I franks	4	Budelo.			
		Canditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF anterior	Comins	5 years			
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njury, or	NO NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	N IN PART 1(0)			
shows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?			
Hem 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	110.00 1 11 11001711 0	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	ET 1 OR PART 2)			
orked or II	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
21 is m		220 I certify that ()(this hospi	tal) attended the deceased from 19	, 19 , ond that in my (our) opinion	deoth occurred on the date and hour	9, that (1) (we) lost and Iram the couses stated			
IT: If Item	1	22b. SIGNATURE	W/Y	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-17-81			
IMPORTANT		22d PHYSICIAN'S NAME (TYPEO MORRIS	PERRY	SILVER SPRI	NG, MARYLAND				
3	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		ATE OF HEAVEN	23d. LOCATION CITY OR TOWN SILVER SPRING	MONT MD.			
/77		UNERAL DIRECTOR TRANCI	S J. COLLINS	25a. DAT	REC'D. BY REGISTRAR 250 REGISTRA				
))	1	100 UNIV BLUD W	. SILVER SPRING.	MD. 20901	O D I TOO.	U			

}	1	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	3 2 8 9 8
ge 4 may be		ECEASED NAME FIRST PE OR PRINT) E + h e EX Fermale	Berth White	S. DATE C		20. DATE OF DEATH MONTH 1.2 6. AGE (IN YEARS (AST BIRTHDAY) 78	IF UNDER LYEAR IF UNDER 24 HIS
or deoth. Pa	V	SIRTHPLACE (STATE OR FOREIGN COUNTRY) ITginia ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COU USA 1. NAME OF HOSPITAL, N	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OR COULD Montgomery 12a USUAL OCCUPATION	
filled in by the rould be filed w		DAL RESIDENCE IN NURSING POME STATE TO COL	(IF NOT IN SUCH FACILITY, GIV SOTHER INSTITUTION, GIVE RESIDENCE UTY 134. CITY O	CE BEFORE ADMISSION) OR TOWN	th Cave Cowte	Retired Cler	k U. S. Govern
ompletely full	14. F	ATHER'S NAME FIRST Arthur	MIDDLE WIJ	andale Ison	YES NO DIS MOTHER'S MAIDEN NAME FIRST	WIDDIE	Ke Hale
te be execution and coeffs. Pages of the medical		WAS DECEASED EVER IN U.S. A IYES NO OR UNKNOWN) (IF YES, O) 18 CAUSE OF DEATH (Enter	GIVE WAR OR DATES) 224-6	60-6860	Robert B. Na	ADDRESS ash,410 Girard	Gaithersburg, 5t., Maryland APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH
that the deoth certifics d by the attending phy eose remove corbanpa ol, cremation, ar remov	7	PART I. DEATH WAS CAUS	DUE TO, OR AS A CON	NSEQUENCE OF	hopnew	mpua.	10 days
The low requires ficion. The low requires signed is the prior to buring green prior to buring show ony injury.	CERTIFICATION	PARTS OF OPERATION	THE CONDITIONS CONTRIBUTED	of new	uyareses	200 AUTOPST7 200 IN CEN	GIVEN IN PART TID
3 PHYSICIAN: T intending physici are this centricone the burdatronsis and Mentol Hygiced or them 18 sh	MEDICAL CER	710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	21c HOW INJURY OCCURR	CED (ENTER NATURE OF INJURY IN ITEM	The state of the s
OR ATTEN hospital DIRECTOR. ched for us Pept, of He Hem 21 is		22a. I certify that (I) (this has	pitol) ottended the deceded	_19or	EGREE ATTENDING	Seath occurred on the date and I	19 that III perflost
TO HOSPITAL Cretoined by the TO FUNERAL Eshould be detain with the State ElimpoRTANT: If		HENRY C'.	SCIENCES		5413 (bca	rhane Roth	lesda and.
BP	730	Burial, cremation, remova (SPECIFY) Burial	12/23/1981		Bpt. Cemeter	23d LOCATION CITYOR TOWN Callao.Nor	thumberland. VA

DHMH - 16 50M 1/B1 (VRA 15, 4)

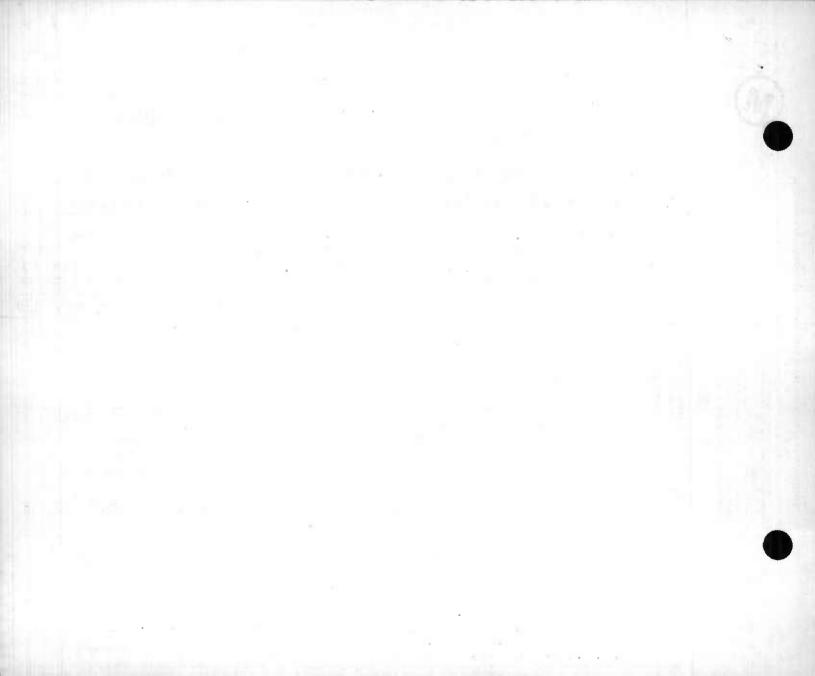
P.O. Box 276, Heathsville, VA.

200 18-18-51 Goelful on 188 /3x+3 EO po 2 styled should Control burg burg will soil to 1/1th Cine Cotor souther Space II. S. dorona a market province the last SHELL SHOW RODERS B. Manny Mill Mineral St., Mineral St.

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(VRA 15, 4) 7/78

STATE OF MARYLAND



STATE OF MARYLAND

A STATE OF THE PARTY OF THE PAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-J Wooden 1081 RALDIRECTOR.

R. YOUR FILES.

HAN 72 HOURS

ESTON STREET, Eugene 12-16-DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR AST BIRTHDAY PRONOUNCED DEAD Ma le Cauca. July 22,1914 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KI NEVER MARRIED Washington, D. C. United States WIDOWED [DIVORCED 2, AND 3 TO THE FIG. 3. RETAIN PAGE/5 SHOULD BE FILED. AL RECORDS, 201 W II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Department TRY of Suburban Hospital Bethesda Ret. Editor-USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Bethesda 5001 River Road YES X NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST MIDDLE Walter B. Wooden Eva Jourdan 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION Mrs. Elizabeth C. Wooden, Wife, Same as item #13 24 5372 Same as item No 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., FTWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL. e Fenaru IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF e Vascular Disease Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO BURIAL, YES [] NO S 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P M 19 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
TO FUNERAL WITH THE ST
BATTIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an Natural causes death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Old Georgetown Road EXAMINER'S NAME John G. Ball, M.D. Bethesda, Maryland TYPE OR PRINT) ADDRESS. 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Dec. Metropolitan Crematory, Cremation Alexandria DEC 24 1981 24 FUNERAL DIRECTOR Robert A. AD Reumphrey Funeral DHMH-17 (VR A15 ME (5) Homes, P.A. Bethesda, Maryland 15M 2/80

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	STATE OF MARYLAND	. to mb	
	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2	9 0 2	
10	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.		
10	I. DECEASED NAME FRST MIDDLE LAST 70. DATE KNOWN SPD MONTH	DAY YEAR 7h HOLIR	
W-1-1-10	(TPE OKPRINI)	2 0 1 5 50	
PLEASE ECTOR. R FILES. HOURS STREET,	VINIANI OUG	8 19 M	
PLEAS ECTOI FILES HOUR STREE	MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS I MIN PRONOUNCED	DAY YEAR 2d HOUR	
69367	VV 6 21 5M 93 YRS. DEAD 13-9-	1981 8:35 M	
294	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	Y OF DEATH	
SEE FOR LOT	p.C. U.S.A. WIDOWED & DIVORCED - MONTGOMERY	Co. MD	
22.00	ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK)	176. KIND OF BUSINESS	
\$62E8408	Silver Spring, IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORK HOUSEWIFE NOW	OR INDUSTRY	
光产	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 10106 KINKOSS SIKE	NONE	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	130. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS	C +)	
2120 2120 2120 340 540 540 540 540 540 540 540 540 540 5	Md MONT. SILVER SPRING YES NO - ROY ARORTHY XANTERY	ZKYKTXYKOXYX	
O T. O.	IN FATHER'S NAME FIRST MIDGLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST	
A SA SA SO		USTIN	
0 848	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT CAN ADDRESS 700	CABLE DRIVE	
IN THE PERSON OF			
BALTIMORE, URS AFTER DE 8. GIVE FAGE WITH FORM "PAGES AR DIVISION OF			
. 200	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH	
	immediate cause (a) Acute Int Jocar dial Dis'		
	4392 (DUE TO, OR AS A CONSEQUENCE OF		
PRESTON VITHIN 24 CIL IN IE4 NER ALO? ANSIT PER AOVAL.	Conditions if any, which gave rise to immediate (b) Art Cardia VZJ CW/2V DISI	WY5	
DT W. PRE TED WITH V PENCIL SXAMINE SAL-TRAN MENTAL OR REMOV	cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF		
301 W. PREST CUTED WITHIN IN PENCIL IN EXAMINER A DRABALTRANSIT DRABATTRANSIT OR REMOVAL	lying cause last.		
	BAST 2 DYMES (ICHICIANY CANDITONY CA		
0 200.40	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		
RECORI UID BE E PPENDIN SF MEDIN FE AETH HEALTH CREMATI	o Precoure /chip		
SHOULD ORD "PER CHIEF A E USED OF HEA	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 12 - 2 M 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR HOLE A M MONTH DAY YEAR	20. AUTOPSY?	
VITAL VITAL VORD " VOR	E 12-28 Evzeture Rt, h, y	YES NO NO	
CERTIFICATE SH TING THE WORN DED TO THE CY DED TO THE CY DEPARMENT OF DEPARMENT OF PRIOR TO BURIAL	21a EXTERNAL CAUSE WAS 21b, TIME OF INJURY 21c, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 17th 18 PART I OR PAR	(T 2)	
PICA THE TO TO T			
VISIO LERTIE ING TED TO 3 SHO SEPAR	UNDERLYING OR ONTRIBUTING CAUSE OF DEATH ONTRIBUTING COURED 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY (ATHOME. STREET, ACTORY, FARM, ETC.) 217. INDEXTYPING COV. STREET COV. STREET COV. STREET COV. COV.		
DIVISION OF SCENTFICATE WITHOUT THE WODEN TO THE E 3 SHOULD E DEPARTMENT TO BUT THE STORY OF THE		INTY STATE	
DIVIS R: THIS CER TE, WRITING RWARDED RAGE 3 S STATE DEP	ATWORK ATWORK ON HIS AVEL SIL Spy M	sut Md	
2 S S S S S S S S S S S S S S S S S S S	22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Indi in my api	inion	
ZO O E 9		tion in the same of the same o	
EXAMIII CERTIFIE JID BE DIRECT WITH I			
AA BERE	ACTUAL P D D DATE (SPECIFY)	12 10 10 24	
ATH ATH	SIGNATURE SIGNATURE SIGNATURE SIGNATURE	10.0 (0, 198)	
EDIC JTE T A SI DEA	EXAMMER'S NAME		
Man Ser Ser Ser Ser Ser Ser Ser Ser Ser Ser	(TYPE OR PRINT) JOHN S. ROGERS ADDRESS 1919 SEMINARY ROAD, STLV	ER SPRING MD.	
TO MEDICAL EXECUTE THE CPAGE 4 SHOUL	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYOR TOWN COUNTY	TV	
310BP	(SPECEY) BURTAL 12/12/81 FT LINCOLN BRENTWOOD PRI	GEO MD	
	24 FUNEDAL DIDECTOR	GNADOWS CAL	
DHMH - 17 (VR A15 ME (5))	NAME FRANCIS J. ADDIESTLLINS	Maria Maria	
15M 7/77	500 UNIV BLVD. W. STLVER SPRING MD. 20901 DEC. 14 1301		

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